



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
ivips@dol.wa.gov  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895  
**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| Company/Agency name<br><b>Eastlake High School</b>   |   | Website<br><b>ehs.lwsd.org</b>             |                                      |
| Contact name, Primary applicant and contract manager<br><b>Todd Apple</b>  | (Area code) Telephone number<br><b>425 936 1500</b> | Email (required)<br><b>TApple@lwsd.org</b> |                                      |
| Contact name 2 (if applicable)<br><b>Reuben Peck</b>   | (Area code) Telephone number<br><b>425 936 1500</b> | Email (required)<br><b>rpeck@lwsd.org</b>  |                                      |
| Physical address of business (number and street)<br><b>400 228<sup>th</sup> Ave NE</b>   |   |  |                                      |
| City<br><b>Sammamish</b>   | State<br><b>WA</b>                                  | ZIP code<br><b>98074</b>                   |                                      |
| Mailing address of business (if different)<br><b>same</b>  |   |  |                                      |
| City   | State   | ZIP code                                   |                                      |
| Provide one of these identifiers   | Taxpayer Identification Number (TIN)<br><b>6d</b>   | Employer Identification Number (EIN)       | WA Unified Business Identifier (UBI) |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br><b>We are a public high school + will use access for parking/driving violations on campus.</b>  |   |  |                                      |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><b>CONTACT the vehicle's owner for traffic violations on our school property.</b> |   |  |                                      |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

9/13/17 King County  
Date and place (county) signed

Todd Apple  
PRINT or TYPE Name  
X [Signature]  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

|  |  |                         |
|--|--|-------------------------|
| <b>1</b> Legal business name<br>Eastlake High School   |  |                         |
| Address, City, State, ZIP code<br>400 228th Ave NE   |  |                         |
| Contact name<br>Reuben Peck  | (Area code) Telephone number<br>425-936-1500 | Email<br>rpeck@lwsd.org |
| Providing information<br>Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                         |
| Subscriber's permissible use<br>Monitor safety, security & authorization of vehicles on our school property.   |  |                         |
| <b>2</b> Legal business name   |  |                         |
| Address, City, State, ZIP code   |  |                         |
| Contact name   | (Area code) Telephone number                 | Email                   |
| Providing information<br>Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |                         |
| Subscriber's permissible use   |  |                         |
| <b>3</b> Legal business name   |  |                         |
| Address, City, State, ZIP code   |  |                         |
| Contact name   | (Area code) Telephone number                 | Email                   |
| Providing information<br>Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |                         |
| Subscriber's permissible use   |  |                         |
| <b>4</b> Legal business name   |  |                         |
| Address, City, State, ZIP code   |  |                         |
| Contact name   | (Area code) Telephone number                 | Email                   |
| Providing information<br>Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |                         |
| Subscriber's permissible use   |  |                         |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Lake Washington  
School District No. 314

**Business Services**  
16250 N.E. 74th Street  
P.O. Box 97039  
Redmond, WA 98073-9739  
Office: (425) 702-3223  
Fax: (425) 702-3325

To Whom It May Concern:

This memo outlines the understanding of Lake Washington School District as to the status of donations or grants awarded to the school district. Based upon review of the applicable Internal Revenue Code (IRC), donations or grants to the district receive status as charitable contributions by the donor, if used solely for a "public purpose."

As a political subdivision of the State of Washington, the district is not classified as a "501(c)(3), charitable organization"; however, the provisions of IRC Section 170 govern donations and grants to the district. Specifically:

Section 170(a)(1) "General rule - There shall be allowed as a deduction any charitable contribution (as defined in subsection [c]) payment of which is made within the taxable year..."

Section 170(c) "Charitable Contribution Defined - For purposes of this section, the term 'charitable contribution' means a contribution or gift to or for the use of (1) A State, a possession of the United States, or any political subdivision of any of the foregoing... but only if the contribution or gift is made for exclusively public purposes."

The code does not specifically define "public purpose," but it is interpreted to mean the contribution or gift must not be intended to benefit any particular individual.

The Lake Washington School District welcomes donations and grants made for the benefit of our educational program and students, and has in place accounting and reporting procedures to ensure that all donations and grants are used for their intended purpose.

If you have any questions regarding this matter, please contact Barbara Posthumus, Coordinator of Business Services at (425) 702-3211.

UBI #174002761

TAX 6d

**Vehicle/Vessel On-line Access  
Contract Application-CPS**

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**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in and save it.

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Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

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If you currently have a CPS number, enter it here \_\_\_\_\_

|   |   |  |   |
|---|---|--|---|
| Company/Agency name<br><b>Rendell Investigations LLC</b>  |   | Website<br><b>rendellinvestigations.com</b>              |   |
| Contact name, Primary applicant and contract manager<br><b>Caralee Rendell</b>  | (Area code) Telephone number<br><b>253-722 9867</b> | Email (required)<br><b>rendellinvestigations@outlook</b> |   |
| Contact name 2 (if applicable)<br>—   | (Area code) Telephone number<br>—                   | Email (required)   |   |
| Physical address of business (number and street)<br><b>1412 33rd Ave Ct. SW</b>   |   |  |   |
| City<br><b>Puyallup</b>   |   | State<br><b>WA</b>                                       | ZIP code<br><b>98373</b>                                    |
| Mailing address of business (if different)<br><b>PO Box 622</b>   |   |  |   |
| City<br><b>Orting</b>   |   | State<br><b>WA</b>                                       | ZIP code<br><b>98360</b>                                    |
| Provide one of these identifiers  | Taxpayer Identification Number (TIN)                | Employer Identification Number (EIN)                     | WA Unified Business Identifier (UBI)<br><b>1004-004-511</b> |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>Private investigation. Work with attorneys that need to know specific assets for the cases they are working.</b></p>   |   |  |   |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><b>I am a private investigator working with attorneys. The registered owner will more likely than not be contacted due to the pending case.</b></p> |   |  |   |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

09/02/17 / Pierce County  
Date and place (county) signed

Caralee Rendell

PRINT or TYPE Name

*Caralee Rendell*

☒ When you have completed this form, please print it out and sign here.

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for CPS must complete and return this section)  
Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|   |  |                                |  |  |
|---|--|--------------------------------|--|--|
| 1 | Legal business name<br>Rendell Investigations, LLC   | Contact name<br>Curtis Rendell | Email<br>rendellinvestigation@outlook.com            | (Area code) Phone number<br>253 722 9807 |
|   | Address, City, State, Zip code<br>PO Box 622 Orting WA 98360   |                                | Subscriber's permissible use<br>Private Investigator |  |
|   | Does the subscriber provide information to an attorney or private investigator?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |  |  |
| 2 | Legal business name  | Contact name                   | Email  | (Area code) Phone number                 |
|   | Address, City, State, Zip code   |                                | Subscriber's permissible use                         |  |
|   | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                                |  |  |
| 3 | Legal business name  | Contact name                   | Email  | (Area code) Phone number                 |
|   | Address, City, State, Zip code   |                                | Subscriber's permissible use                         |  |
|   | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                                |  |  |
| 4 | Legal business name  | Contact name                   | Email  | (Area code) Phone number                 |
|   | Address, City, State, Zip code   |                                | Subscriber's permissible use                         |  |
|   | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                                |  |  |
| 5 | Legal business name  | Contact name                   | Email  | (Area code) Phone number                 |
|   | Address, City, State, Zip code   |                                | Subscriber's permissible use                         |  |
|   | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                                |  |  |
| 6 | Legal business name  | Contact name                   | Email  | (Area code) Phone number                 |
|   | Address, City, State, Zip code   |                                | Subscriber's permissible use                         |  |
|   | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                                |  |  |
| 7 | Legal business name  | Contact name                   | Email  | (Area code) Phone number                 |
|   | Address, City, State, Zip code   |                                | Subscriber's permissible use                         |  |
|   | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                                |  |  |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

**STATE OF WASHINGTON**  
**UNARMED PRIVATE INVESTIGATOR**

**RENDELL INVESTIGATIONS LLC**  
**CARALEE D RENDELL**  
**13503 99TH AVE E APT 4-210**  
**PUYALLUP WA 98373**

**4375**

License Number

**09/30/2017**

Expiration Date

  
Pat Kohler, Director



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

[cps@dol.wa.gov](mailto:cps@dol.wa.gov)

Print and scan or upgrade to

**Adobe Reader** XI or above to fill it in and save it.

**Mail**

Vehicle Records Disclosure Unit  
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PO Box 2957  
Olympia, WA 98507

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If you currently have a CPS number, enter it here

**13a**

|  |   |   |  |
|--|---|---|--|
| Company/Agency name<br><b>BR Fitz Co.</b>  |   | Website<br><b>www.brfitz.com</b>            |  |
| Contact name. Primary applicant and contract manager<br><b>Brian Fitzjarald</b>  | (Area code) Telephone number<br><b>206 622-6353</b> | Email (required)<br><b>brian@brfitz.com</b> |  |
| Contact name 2 (if applicable)   | (Area code) Telephone number                        | Email (required)                            |  |
| Physical address of business (number and street)<br><b>1001 4th Avenue Suite 3200</b>  |   |   |  |
| City<br><b>Seattle</b>   |   | State<br><b>Washington</b>                  | ZIP code<br><b>98154</b>                                 |
| Mailing address of business (if different)   |   |   |  |
| City   |   | State                                       | ZIP code   |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number (TIN)<br><b>6d</b>   | Employer Identification Number (EIN)        | WA Unified Business Identifier (UBI)<br><b>601200454</b> |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br><br><b>Workers Compensation and Insurance Casualty defense investigations.</b>  |   |   |  |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><br><b>No</b> |   |   |  |



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- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Brian Fitzjarrald

PRINT or TYPE Name

X

Signature of business or organization representative

08/24/2017 King County

Date and place (county) signed

**Authorities:**

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Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Sole Proprietorship

BRIAN ROBERT FITZJARRALD  
THE B R FITZ COMPANY  
1001 4TH AVE STE 3200  
SEATTLE, WA 98154

Unified Business ID #: 601200454

Business ID #: 001

Location: 0001

Expires: Aug 31, 2018

PRIVATE INVESTIGATIVE AGENCY #384 - ACTIVE

TAX REGISTRATION - ACTIVE

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: FITZJARRALD, BRIANROBERT

REGISTERED TRADE NAMES:

FITZJARRALD PROFESSIONAL INVESTIGATIONS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



# STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION



THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A

**UNARMED PRIVATE INVESTIGATOR  
PRINCIPAL**

**Licensee Released -**

**Termination Date**   /  /  

**B R FITZ CO  
BRIAN R FITZJARRALD  
1001 4TH AVENUE 3200  
SEATTLE WA 98154**

**1592**

License Number

**08/12/1993**

Issued Date

**08/31/2018**

Expiration Date

*Pat Kohler*

Pat Kohler, Director



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**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**

**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

|   |   |   |  |
|---|---|---|--|
| Company/Agency name<br><i>Probe Northwest, Inc</i>  |   | Website<br><i>probenw.com</i>               |  |
| Contact name. Primary applicant and contract manager<br><i>Susan Wakeman</i>  | (Area code) Telephone number<br><i>206 782 4444</i> | Email (required)<br><i>probe@seanet.com</i> |  |
| Contact name 2 (if applicable)  | (Area code) Telephone number                        | Email (required)                            |  |
| Physical address of business (number and street)<br><i>9015 Holman Rd.</i>  |   |   |  |
| City<br><i>Seattle</i>  |   | State<br><i>WA</i>                          | ZIP code<br><i>98117</i>                                   |
| Mailing address of business (if different)<br><i>PO Box 17508</i>   |   |   |  |
| City<br><i>Seattle</i>  |   | State<br><i>WA</i>                          | ZIP code<br><i>98127</i>                                   |
| Provide one of these identifiers  | Taxpayer Identification Number (TIN)                | Employer Identification Number (EIN)        | WA Unified Business Identifier (UBI)<br><i>601 625 608</i> |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br><i>Process Service, locating insured's vehicles, locating heirs &amp; beneficiaries</i>  |   |   |  |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><i>NO to most cases. Process Service &amp; beneficiaries may be.</i> |   |   |  |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

8-21-17  
Date and place (county) signed

Susan Wakeman, Pres.  
PRINT or TYPE Name

x Susan Wakeman  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Washington State Department of Revenue State Business Records Database Detail

|                       |                     |                  |                       |
|-----------------------|---------------------|------------------|-----------------------|
| TAX REGISTRATION NO : | 601625608           | ACCOUNT OPENED : | 4/28/1995 12:00:00 AM |
| UBI :                 | 601625608           | ACCOUNT CLOSED : | OPEN                  |
| ENTITY NAME :         | PROBE NORTHWEST INC |                  |                       |
| BUSINESS NAME :       |                     |                  |                       |

MAILING ADDRESS :  
PO BOX 17508  
SEATTLE, WA 98127-1208

BUSINESS LOCATION :  
9015 HOLMAN  
SEATTLE, WA 98117-0000

ENTITY TYPE : CORPORATION

RESELLER PERMIT NO: N/A  
PERMIT EFFECTIVE: N/A  
PERMIT EXPIRES: N/A

NAICS CODE : 524298

NAICS DEFINITION ALL OTHER INSURANCE  
RELATED ACTIVITIES

FOR NON-COMMERCIAL USE ONLY

8/21/2017 4:38 PM



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here 13a

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| Company/Agency name<br><b>Puget Sound Cooperative Credit Union</b>   |   | Website<br><b>www.psccu.org</b>            |                                      |
| Contact name, Primary applicant and contract manager<br><b>Teri Long</b>   | (Area code) Telephone number<br><b>253-476-6437</b> | Email (required)<br><b>teri1@psccu.org</b> |                                      |
| Contact name 2 (if applicable)   | (Area code) Telephone number                        | Email (required)                           |                                      |
| Physical address of business (number and street)<br><b>600 108th Ave NE Ste 1035</b>   |   |  |                                      |
| City<br><b>Bellevue</b>  |   | State<br><b>WA</b>                         | ZIP code<br><b>98373</b>             |
| Mailing address of business (if different)   |   |  |                                      |
| City   |   | State                                      | ZIP code                             |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number (TIN)<br><b>6d</b>   | Employer Identification Number (EIN)       | WA Unified Business Identifier (UBI) |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br><b>We finance vehicle loans. Use this service for identifying vehicle owner for securing collateral</b>   |   |  |                                      |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><br><b>No</b> |   |  |                                      |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

8/10/2017  
Date and place (county) signed

Teri Long

PRINT or TYPE Name

X Teri Long

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |  |              |                              |                          |
|----------|--|--------------|------------------------------|--------------------------|
| <b>1</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>2</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>3</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>4</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>5</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>6</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>7</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



City of Tacoma  
Finance Department, Tax & License Division, (253) 591-5252  
747 Market Street, Room 212, Tacoma, Washington 98402-3701

**2017 GENERAL BUSINESS LICENSE**

**This is your license do not destroy.** This license must be posted in a conspicuous place at the location.  
Not transferable or assignable.

*Danielle Larson*

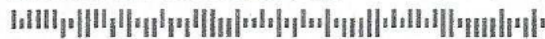
Danielle Larson, Tax and License Manager

(Over)

Account # **6a**

Location: 3130 S 38TH ST

PUGET SOUND COOPERATIVE CREDIT UNION  
PUGET SOUND COOPERATIVE CREDIT UNIO  
600 108TH AVE NE STE 1035  
BELLEVUE WA 98004-5129



S. F. No. 120—(Rev.)—11-67—16C. 7234.

Nº 916

# Certificate of Authority

STATE OF WASHINGTON  
INSURANCE COMMISSIONER  
OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

PROGRESSIVE CASUALTY INSURANCE COMPANY

of Cleveland, Ohio, organized under the  
laws of Ohio, having presented satisfactory evidence  
of compliance, this Certificate of Authority is hereby granted, authorizing the company to  
transact the following classes of insurance:

PROPERTY (added 7/3/85)

VEHICLE

CASUALTY, GENERAL

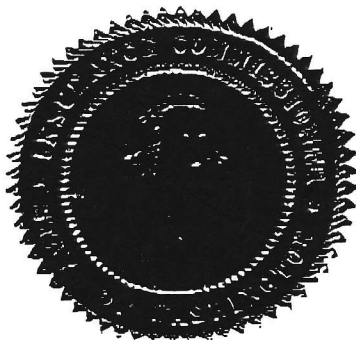
SURETY

MARINE and TRANSPORTATION (added 7/3/85)

subject to all provisions of this Certificate as such classes are now or may hereafter be defined  
in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter  
being in full compliance with all, and not in violation of any, of the applicable laws and lawful  
requirements made under authority of the laws of the State of Washington as long as such laws  
or requirements are in effect and applicable, and as such laws and requirements now are, or  
may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 6TH day  
of JULY, 19 72, I have hereunto set my hand  
and caused my official seal to be affixed this 6TH day of  
JULY, 19 72.



  
Insurance Commissioner

By \_\_\_\_\_  
Chief Deputy

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here 13a

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| Company/Agency name<br><b>Progressive Casualty Insurance Company</b>  |   | Website<br><b>www.progressive.com</b>              |                                      |
| Contact name, Primary applicant and contract manager<br><b>Michael Robson</b>   | (Area code) Telephone number<br><b>425-245-9520</b>   | Email (required)<br><b>mrobson@progressive.com</b> |                                      |
| Contact name 2 (if applicable)  | (Area code) Telephone number  | Email (required)                                   |                                      |
| Physical address of business (number and street)<br><b>13906 Highway 99, Suite 150</b>  |   |  |                                      |
| City<br><b>Lynnwood</b>   |   | State<br><b>WA</b>                                 | ZIP code<br><b>98087</b>             |
| Mailing address of business (if different)  |   |  |                                      |
| City  |   | State  | ZIP code                             |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number (TIN)<br><span style="background-color: black; color: white; padding: 0 10px;">6d</span> | Employer Identification Number (EIN)               | WA Unified Business Identifier (UBI) |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Progressive Casualty Insurance Company and its corporate affiliates write and service insurance policies covering vehicles and vessels. Progressive Casualty Insurance Company and its affiliates within the Progressive Group Of Insurance Companies will use vehicle and vessel license, registration and title information and documentation to verify vehicle and vessel license and title records in connection with claims investigation and antifraud activities as permitted by Washington Revised Code 46.12.380, WAC 308-93-087, Washington Executive Order 97-01 and the Federal Driver's Privacy Protection Act, 18 USC2721 et seq.</p> |   |  |                                      |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We will contact owners for the purpose of investigating suspect fraudulent insurance claims. We may contact the owners by mail, email, telephone or in person.</p> <p>The information may be supplied electronically, orally, or in hard copy to Progressive Casualty Insurance Company's corporate affiliates.</p>   |   |  |                                      |



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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Michael Robson

PRINT or TYPE Name

X

Signature of business or organization representative

8/7/2017 Snohomish County

Date and place (county) signed

**Authorities:**

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Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

# STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



**BAIL BOND RECOVERY AGENT**

**FRANCISCO DELGADILLO  
310 E COLLEGE WAY  
MOUNT VERNON WA 98273**

**411**

License Number

**12/26/2013**

Issued Date

**12/26/2017**

Expiration Date

*Pat Kohler*  
Pat Kohler, Director





STATE OF  
WASHINGTON

## BUSINESS LICENSE

Sole Proprietorship

FRANCISCO DELGADILLO  
NORTH WEST SERVICES  
310 E COLLEGE WAY  
MOUNT VERNON WA 98273 5429

Unified Business ID #: 602 769 830  
Business ID #: 1  
Location: 3

TAX REGISTRATION

REGISTERED TRADE NAMES:  
NORTH WEST SERVICES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



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and save it.

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here \_\_\_\_\_

|  |   |   |  |
|--|---|---|--|
| Company/Agency name<br><i>North West Services</i>  |   | Website   |  |
| Contact name. Primary applicant and contract manager<br><i>Francisco</i>   | (Area code) Telephone number<br><i>360-610-0297</i> | Email (required)<br><i>Badenforcementagent411@gmail.com</i> |  |
| Contact name 2 (if applicable)<br><i>N/A</i>   | (Area code) Telephone number<br><i>0</i>            | Email (required)<br><i>0</i>                                |  |
| Physical address of business (number and street)<br><i>310 W college way</i>   |   |   |  |
| City<br><i>Mount Vernon</i>  |   | State<br><i>WA</i>  | ZIP code<br><i>98273</i>                                   |
| Mailing address of business (if different)<br><i>2214 Jasmine Pl</i>   |   |   |  |
| City<br><i>Mount Vernon</i>  |   | State<br><i>WA</i>  | ZIP code<br><i>98273</i>                                   |
| Provide one of these identifiers   | Taxpayer Identification Number (TIN)                | Employer Identification Number (EIN)                        | WA Unified Business Identifier (UBI)<br><i>602 769 830</i> |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br><br><i>Bad Enforcement Investigations.</i>  |   |   |  |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><br><i>No, I will not disclose any information and will not contact owners.</i> |   |   |  |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

8-4-17 Skagit County  
Date and place (county) signed

North West Services  
PRINT or TYPE Name  
  
X [Signature]  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
cps@dol.wa.gov

Print and scan or upgrade to  
**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| Company/Agency name<br><b>ABC Legal Services, Inc</b>   |   | Website<br><b>abclegal.com</b>                         |                                      |
| Contact name. Primary applicant and contract manager<br><b>Jennifer Gillispie</b>   | (Area code) Telephone number<br><b>2065212934</b> | Email (required)<br><b>JenniferG@abclegal.com</b>      |                                      |
| Contact name 2 (if applicable)<br><b>Candy Thompson (billing)</b>   | (Area code) Telephone number<br><b>2065219000</b> | Email (required)<br><b>ExpensePayable@abclegal.com</b> |                                      |
| Physical address of business (number and street)<br><b>633 Yesler Way</b>   |   |  |                                      |
| City<br><b>Seattle</b>  |   | State<br><b>WA</b>                                     | ZIP code<br><b>98104</b>             |
| Mailing address of business (if different)  |   |  |                                      |
| City  |   | State  | ZIP code                             |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number (TIN)<br><b>6d</b> | Employer Identification Number (EIN)                   | WA Unified Business Identifier (UBI) |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a process service company and we use these records to verify addresses for service of process.</p>   |   |  |                                      |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>The only contact we will have with the owner is to serve them legal documents.</p> <p>We do not provide the record to anyone, but we will provide the attorney information that the defendant's vehicle was in the driveway at the time of service or that the address we served them at was obtained through vehicle registration records.</p> |   |  |                                      |



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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Jennifer Gillispie

PRINT or TYPE Name

X

Signature of business or organization representative

7/31/2017 King County, WA

Date and place (county) signed

**Authorities:**

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Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here 13a

|  |  |  |   |
|--|--|--|---|
| Company/Agency name<br>Mutual of Enumclaw Insurance Company and its subsidiaries   |  | Website<br>MutualofEnumclaw.com                  |   |
| Contact name. Primary applicant and contract manager<br>Michele Wyatt  | (Area code) Telephone number<br>800-366-5551 x3331 | Email (required)<br>mwyatt@mutualofenumclaw.com  |   |
| Contact name 2 (if applicable)<br>Trent Stoker (Contact for Vendor Relations)  | (Area code) Telephone number<br>800-366-5551 x3262 | Email (required)<br>tstoker@mutualofenumclaw.com |   |
| Physical address of business (number and street)<br>1460 Wells St  |  |  |   |
| City<br>Enumclaw   |  | State<br>WA                                      | ZIP code<br>98022                                     |
| Mailing address of business (if different)<br>same   |  |  |   |
| City   |  | State  | ZIP code  |
| Provide one of these identifiers   | Taxpayer Identification Number (TIN)               | Employer Identification Number (EIN)             | WA Unified Business Identifier (UBI)<br>MOE:172001582 |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><i>MOE and EP&amp;C are property &amp; casualty insurance companies. We provide 1<sup>st</sup> and 3<sup>rd</sup> party coverages for vehicles and vessels. Our Claims Department uses WADOL vehicle and vessel records in our investigation of claims, to verify ownership, prevent fraudulent claims, and to determine the pro-rated state fees owed in the settlement of vehicle and vessel claims.</i></p>   |  |  |   |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><i>In the process of investigating a claim, the owner of a vehicle/vessel involved in a claim might be contacted using information obtained from WADOL in order to verify ownership and ensure that we are settling the claim with the correct entity. Information might also be provided to collection agencies/adverse carriers as part of our subrogation/collection efforts. If it is ever necessary to share registration record information with an attorney or private investigator, we mail a written notice to the vehicle owner and WADOL that complies with RCW 46.12.635(4) (a)(b)(c), describing us as the disclosing entity, within 5 working days of disclosure, as per our contract.</i></p> |  |  |   |

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- s **Business outside Washington State** – Attach a legible copy of **one** of the following:
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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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- s **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- s **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Michèle Wyatt, Vice President of Claims and Chief Claims Officer

PRINT or TYPE Name

Date: 31 July 31, 2017 County: King

Date and place (county) signed

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**

**Each data broker or reseller must:**

- 5 MAINTAIN A LEGIBLE SUBSCRIBER ROSTER AND COMPLETE ALL FIELDS
- 5 RECORD ALL SUBSCRIBERS
- 5 DOCUMENT THE SPECIFIC PERMISSIBLE USE QUALIFICATION FOR EACH SUBSCRIBER
- 5 RETAIN SUBSCRIBER ROSTER AND NOTIFICATION LETTERS SENT BY SUBSCRIBERS FOR THE TERM OF THE CONTRACT AND FOR THREE (3) YEARS from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |  |              |                              |                          |
|----------|--|--------------|------------------------------|--------------------------|
| <b>1</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>2</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>3</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>4</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>5</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>6</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>7</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF  
WASHINGTON

## BUSINESS LICENSE

Corporation

MUTUAL OF ENUMCLAW INSURANCE COMPANY  
1460 WELLS ST  
ENUMCLAW, WA 98022-3003

Unified Business ID #: 172001582

Business ID #: 001

Location: 0001

Expires: Jul 31, 2018

UNEMPLOYMENT INSURANCE - ACTIVE  
TAX REGISTRATION - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

**CITY ENDORSEMENTS:**

ENUMCLAW GENERAL BUSINESS #335 - ACTIVE

**LICENSING RESTRICTIONS:**

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 172001582 001 0001

Expires: Jul 31, 2018

MUTUAL OF ENUMCLAW  
INSURANCE COMPANY  
1460 WELLS ST  
ENUMCLAW, WA 98022-3003

UNEMPLOYMENT INSURANCE -  
ACTIVE  
INDUSTRIAL INSURANCE - ACTIVE  
TAX REGISTRATION - ACTIVE  
ENUMCLAW GENERAL BUSINESS  
#335 - ACTIVE

gsl0002

DETACH THIS SECTION FOR YOUR WALLET

Director, Department of Revenue

## Vehicle/Vessel On-line Access Contract Application-CPS

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Print and scan or upgrade to

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Vehicle Records Disclosure Unit

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PO Box 2957

Olympia, WA 98507

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If you currently have a CPS number, enter it here 13a

|  |   |   |  |
|--|---|---|--|
| Company/Agency name<br><b>PRIORITY INCORPORATED</b>                              |   | Website<br><b>REPONEEDED.COM</b>  |  |
| Contact name. Primary applicant and contract manager<br><b>STARLA CARPENTER</b>  | (Area code) Telephone number<br><b>253-445-2636</b>   | Email (required)<br><b>BILLINGOFFICE.INC@GMAIL.CO</b>   |  |
| Contact name 2 (if applicable)   | (Area code) Telephone number  | Email (required)  |  |
| Physical address of business (number and street)<br><b>225 VAN SCOYOC AVE SW</b> |   |   |  |
| City<br><b>ORTING</b>  |   | State<br><b>WA</b>  | ZIP code<br><b>98360</b>                                 |
| Mailing address of business (if different)<br><b>PO BOX 63</b>                   |   |   |  |
| City<br><b>SUMNER</b>  |   | State<br><b>WA</b>  | ZIP code<br><b>98390</b>                                 |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number (TIN)<br><span style="background-color: black; color: white; padding: 0 10px;">6d</span> | Employer Identification Number (EIN)<br><span style="background-color: black; color: white; padding: 0 10px;">6d</span> | WA Unified Business Identifier (UBI)<br><b>603289140</b> |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

**ASSET RECOVERY, REPOSSESSION COMPANY USED TO VERIFY REGISTERED AND LIEN HOLDER INFORMATION**

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**INFORMATION IS FOR INTERNAL USE ONLY, WE USE THIS TO HELP VERIFY VEHICLE LEGAL OWNER AND CORRECT VEHICLE INFORMATION FOR REPOSSESSION PURPOSES. INFORMATION OBTAINED IS NOT SHARED**



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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

06/28/2017 PIERCE

Date and place (county) signed

STARLA CARPENTER

PRINT or TYPE Name

X

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |  |              |                              |                          |
|----------|--|--------------|------------------------------|--------------------------|
| <b>1</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>2</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>3</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>4</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>5</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>6</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>7</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| Company/Agency name<br><b>THENELL LAW GROUP, P.C.</b>  |  | Website<br><b>www.thenelllawgroup.com</b>              |                                      |
| Contact name, Primary applicant and contract manager<br><b>Mellisa Shapland</b>  | (Area code) Telephone number<br><b>(503)372-6450</b> | Email (required)<br><b>mellisa@thenelllawgroup.com</b> |                                      |
| Contact name 2 (if applicable)<br><b>Kirsten L. Curtis</b>   | (Area code) Telephone number<br><b>(503)372-6450</b> | Email (required)<br><b>Kirsten@thenelllawgroup.com</b> |                                      |
| Physical address of business (number and street)<br><b>12909 SW 68th Parkway, Suite 320</b>  |  |  |                                      |
| City<br><b>Portland</b>  |  | State<br><b>OR</b>                                     | ZIP code<br><b>97223</b>             |
| Mailing address of business (if different)   |  |  |                                      |
| City   |  | State  | ZIP code                             |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number (TIN)                 | Employer Identification Number (EIN)<br><b>6d</b>      | WA Unified Business Identifier (UBI) |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Our firm conducts a variety of insurance related legal need needs. We will use CPS to obtain registered and legal owner vehicle or vessel information for use in civil, criminal, administrative, arbitrial proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.</p> |  |  |                                      |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not disclose the the infomation to any person, including any client, and/or client for any reason, even if the information is theirs.</p> <p>We will direct our clients and/or customers to apply for information through a public disclosure request to obtain their records from DOL</p>  |  |  |                                      |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Mellisa Shapland

PRINT or TYPE Name

06/21/2017 Portland, Oregon

Date and place (county) signed

X

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Oregon  
State  
Bar

Kirsten L. Curtis

Member Name  
113638

Member No.

This attorney is a member  
of the Oregon State Bar.

*Kirsten L. Curtis*

Signature

16037 SW Upper Boones Ferry Rd  
PO Box 231935  
Tigard, Oregon 97281-1935

(503) 620-0222  
(800) 452-8260  
[www.osbar.org](http://www.osbar.org)



1325 4th Ave., Ste. 600  
Seattle, WA 98101-2539  
206-443-9722 • 800-945-WSBA  
[www.wsba.org](http://www.wsba.org)

To verify a lawyer's current status,  
check the WSBA online lawyer  
directory at [www.wsba.org](http://www.wsba.org) or call  
the WSBA Service Center at  
800-945-WSBA (9722).

**CURTIS**  
Kirsten Lynn

WSBA Number  
48985



Admission Date  
04/15/2015

As of the date on this card, the  
lawyer named was admitted to the  
practice of law in Washington.



Ethics line: 800-945-9722, ext. 8284





# Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 968-2200

Check the appropriate box below:

☐ BUSINESS CORPORATION  
(Complete only 1, 2, 3, 4, 5, 6, 8, 9)

☒ PROFESSIONAL CORPORATION  
(Complete all items)

BUSINESS REG \$100.00  
CHECK \$100.00

FILED

JAN 27 2012

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER:

6d

For office use only

In accordance with Oregon Revised Statute 192.410-192.480, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF CORPORATION:

Thenell Law Group, P.C.

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation," "Company," "Incorporated," or "Limited," or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation," or abbreviations thereof, i.e., "P.C.," or "Prof. Corp."

2) REGISTERED AGENT: (individual or entity that will accept legal service for this business)

Daniel E. Thenell

3) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; No PO Boxes.)

10260 SW Greenburg Road, Ste 400 Portland  
OR 97223

4) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

Same

5) OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

INDEMNIFICATION: ☒ The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 60.387 to 60.414.

6) NUMBER OF SHARES: (At least one share must be listed.)

1

## PROFESSIONAL CORPORATION ONLY

7) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.

Legal Services

INDEMNIFICATION: ☒ The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185.

8) WHO IS FORMING THIS BUSINESS? (INCORPORATORS) (List names and addresses of each incorporator.) (Attach a separate sheet if necessary.)

Daniel E. Thenell

10260 SW Greenburg Rd, Ste 400  
Portland OR 97223

9) EXECUTION/SIGNATURE(S): (All incorporators must sign.) (Attach a separate sheet if necessary.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Daniel E. Thenell

Printed Name:

Daniel E. Thenell

CONTACT NAME: (To resolve questions with this filing.)

Daniel Thenell

THENELL LAW GROUP, P.C.



6d

-13265388

NEWINC

## FEES

Required Processing Fee \$100

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."



# AMENDED ANNUAL REPORT



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**E-FILED**  
Mar 14, 2017  
**OREGON SECRETARY OF STATE**

## REGISTRY NUMBER

6d

## REGISTRATION DATE

01/27/2012

## BUSINESS NAME

THENELL LAW GROUP, P.C.

## BUSINESS ACTIVITY

LAW FIRM

## MAILING ADDRESS

12909 SW 68TH PARKWAY STE 320  
PORTLAND OR 97223 USA

## TYPE

DOMESTIC PROFESSIONAL CORPORATION

## PRIMARY PLACE OF BUSINESS

12909 SW 68TH PARKWAY STE 320  
PORTLAND OR 97223 USA

## JURISDICTION

OREGON

## REGISTERED AGENT

DANIEL E THENELL

12909 SW 68TH PARKWAY STE 320  
PORTLAND OR 97223 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

## PRESIDENT

DANIEL E THENELL

12909 SW 68TH PARKWAY STE 320  
PORTLAND OR 97223 USA

## SECRETARY

KIRSTEN CURTIS

12909 SW 68TH PARKWAY STE 320  
PORTLAND OR 97223 USA



---

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

JENNIFER BANGS

**TITLE**

ACCOUNTING MANAGER

**DATE SIGNED**

03-14-2017

## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

**ivips@dol.wa.gov**

Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| Company/Agency name<br>Paul Kreuger Law Firm, PC  |  | Website   |                                      |
| Contact name. Primary applicant and contract manager<br>Kristi Nolan  | (Area code) Telephone number<br>(503) 222-0226 | Email (required)<br>knolan@paulkreugerlaw.com     |                                      |
| Contact name 2 (if applicable)<br>Paul H. Krueger   | (Area code) Telephone number<br>(503) 222-0226 | Email (required)<br>pkruuger@paulkreugerlaw.com   |                                      |
| Physical address of business (number and street)<br>4380 SW Macadam Avenue, Ste. 450  |  |   |                                      |
| City<br>Portland  |  | State<br>OR                                       | ZIP code<br>97239                    |
| Mailing address of business (if different)<br>Same  |  |   |                                      |
| City  |  | State   | ZIP code                             |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number (TIN)           | Employer Identification Number (EIN)<br><b>6d</b> | WA Unified Business Identifier (UBI) |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Legal Services. Look up license plate information related to personal injury claims.</p>  |  |   |                                      |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>All contact will be via insurance agents and/or appropriate legal counsel related to personal injury claims</p> |  |   |                                      |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

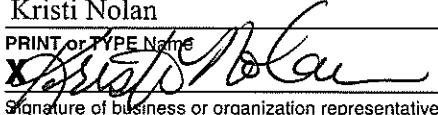
*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

6/15/17

Date and place (county) signed

Kristi Nolan

PRINT or TYPE Name



Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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**Email** (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

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Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

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If you currently have an IVIPS number, enter it here \_\_\_\_\_

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| Company/Agency name<br><b>Lake Washington High School</b>   |   | Website<br><b>www.lwsd.org/lwhs</b>               |                                      |
| Contact name. Primary applicant and contract manager<br><b>Brian G. Story</b>   | (Area code) Telephone number<br><b>(425) 936-1712</b> | Email (required)<br><b>bstory@lwsd.org</b>        |                                      |
| Contact name 2 (if applicable)<br><b>Kia duNann</b>   | (Area code) Telephone number<br><b>(425) 936-1706</b> | Email (required)<br><b>kdunann@lwsd.org</b>       |                                      |
| Physical address of business (number and street)<br><b>12033 NE 80th St.</b>  |   |   |                                      |
| City<br><b>Kirkland</b>   |   | State<br><b>WA</b>                                | ZIP code<br><b>98033</b>             |
| Mailing address of business (if different)  |   |   |                                      |
| City  |   | State   | ZIP code                             |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number (TIN)                  | Employer Identification Number (EIN)<br><b>6d</b> | WA Unified Business Identifier (UBI) |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a public high. Our campus security would like access to vehicle records to facilitate their maintaining a safe and orderly parking lot and secure campus. We have parking passes for student/staff vehicles, but occasionally have vehicles belonging to visitors/stranger which require identifying.</p>  |   |   |                                      |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We assign parking infractions for vehicles parked improperly, with vehicle registration information we can identify the owner of the vehicle (parents/coaches/etc), better asses said situation, and provide them notice of their improper parking.</p> |   |   |                                      |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

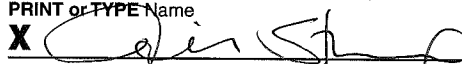
**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

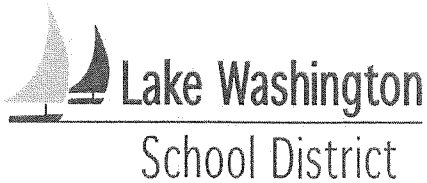
6.5.2017 / King County  
Date and place (county) signed

BRIAN STORY  
PRINT or TYPE Name  
**X**   
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087





**Business Services**  
16250 N.E. 74th Street  
Redmond, WA 98052

Mailing Address: P.O. Box 97039  
Redmond, WA 98073  
Office: (425) 936-1223 • Fax: (425) 936-1325

To Whom It May Concern:

This memo outlines the understanding of Lake Washington School District as to the status of donations or grants awarded to the school district. Based upon review of the applicable Internal Revenue Code (IRC), donations or grants to the district receive status as charitable contributions by the donor, if used solely for a "public purpose."

As a governmental unit of the State of Washington, the district is not classified as a "501(c)(3), charitable organization"; however, the provisions of IRC Section 170 govern donations and grants to the district. Specifically:

Section 170(a)(1) "General rule – There shall be allowed as a deduction any charitable contribution (as defined in subsection [c]) payment of which is made within the taxable year..."

Section 170(c) "Charitable Contribution Defined – For purposes of this section, the term 'charitable contribution' means a contribution or gift to or for the use of (1) A State, a possession of the United States, or any political subdivision of any of the foregoing... but only if the contribution or gift is made for exclusively public purposes."

The code does not specifically define "public purpose," but it is interpreted to mean the contribution or gift must not be intended to benefit any particular individual.

The Lake Washington School District welcomes donations and grants made for the benefit of our educational program and students, and has in place accounting and reporting procedures to ensure that all donations and grants are used for their intended purpose.

If you have any questions regarding this matter, please contact me at (425) 936-1211.

Sincerely,

Barbara Posthumus  
Director of Business Services

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

|   |   |
|---|---|
| Name (as shown on your income tax return)<br><b>LAKE WASHINGTON SCHOOL DISTRICT #414</b>  |   |
| Business name/disregarded entity name, if different from above  |   |
| Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ |   |
| <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>PUBLIC ENTITY / SCHOOL DISTRICT</b>   |   |
| Exemptions (see instructions):<br><br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____  |   |
| Address (number, street, and apt. or suite no.)<br><b>PO BOX 97039</b><br>City, state, and ZIP code<br><b>REDMOND, WA 98073</b>   | Requester's name and address (optional) |
| List account number(s) here (optional)  |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                        |  |
|------------------------|--|
| Social security number |  |
|                        |  |

|                                |  |
|--------------------------------|--|
| Employer identification number |  |
|                                |  |

6d

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

|           |  |                       |
|-----------|--|-----------------------|
| Sign Here | Signature of U.S. person ▶  | Date ▶ <b>3/21/14</b> |
|-----------|--|-----------------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

[ivips@dol.wa.gov](mailto:ivips@dol.wa.gov)

Print and scan or upgrade to

Adobe Reader XI or above)

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

|  |   |  |  |
|--|---|--|--|
| Company/Agency name<br><b>CROSSROADS INVESTIGATIONS LLC</b>  |   | Website<br><b>N/A</b>                                |  |
| Contact name. Primary applicant and contract manager<br><b>DAVID SNIDER</b>  | (Area code) Telephone number<br><b>509-929-1087</b> | Email (required)<br><b>davesnider98926@yahoo.com</b> |  |
| Contact name 2 (if applicable)<br><b>N/A</b>   | (Area code) Telephone number<br><b>N/A</b>          | Email (required)<br><b>N/A</b>                       |  |
| Physical address of business (number and street)<br><b>3960 S. FERGUSON ROAD</b>   |   |  |  |
| City<br><b>ELLENSBURG</b>  |   | State<br><b>WA</b>                                   | ZIP code<br><b>98926</b>                                   |
| Mailing address of business (if different)<br><b>PO BOX 1141</b>   |   |  |  |
| City<br><b>ELLENSBURG</b>  |   | State<br><b>WA</b>                                   | ZIP code<br><b>98926</b>                                   |
| Provide one of these identifiers   | Taxpayer Identification Number (TIN)                | Employer Identification Number (EIN)                 | WA Unified Business Identifier (UBI)<br><b>604-096-738</b> |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>PRIVATE INVESTIGATION AGENCY WHICH CONDUCTS COURT APPOINTED &amp; PRIVATE INVESTIGATIONS INTO CRIMINAL &amp; CIVIL MATTERS ALONG WITH COLLISION RECONSTRUCTION. THE VEHICLE &amp; VESSEL RECORDS WILL BE USED TO HELP WITH LOCATING VEHICLES &amp; INDIVIDUALS ASSOCIATED W/ INVESTIGATION &amp; COLLISION RECONSTRUCTION.</b></p> <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><b>ON OCCASION THE OWNER WILL BE CONTACTED TO OBTAIN A STATEMENT REGARDING INVESTIGATIONS OR FOR EVIDENTIARY EXAMINATION OF VEHICLES FOR EXAMINATION. OCCASIONALLY, THE OWNER INFORMATION WILL BE DISCLOSED TO THE ATTORNEYS ASSOCIATED WITH THE INVESTIGATION. THE OWNER WILL BE NOTIFIED VIA LETTER AS OUTLINED IN RCW WHICH REQUIRED.</b></p> |   |  |  |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

May 30, 2017 Kittitas County  
Date and place (county) signed

DAVID SNIDER  
PRINT or TYPE Name  
X [Signature]  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Vehicle/Vessel On-line Access Contract Application-IVIPS

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Print and scan or upgrade to  
**Adobe Reader** XI or above)

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here 13a

|   |   |   |  |
|---|---|---|--|
| Company/Agency name<br><b>LexisNexis Claims Solutions Inc.</b>  |   | Website<br><b>www.lexisnexis.com/risk</b>                 |  |
| Contact name. Primary applicant and contract manager<br><b>Jennifer Miller</b>  | (Area code) Telephone number<br><b>(678) 924-4932</b>   | Email (required)<br><b>Jennifer.miller@lexisnexis.com</b> |  |
| Contact name 2 (if applicable)  | (Area code) Telephone number  | Email (required)  |  |
| Physical address of business (number and street)<br><b>2885 Breckinridge Blvd., Suite 400</b>   |   |   |  |
| City<br><b>Duluth</b>   |   | State<br><b>GA</b>  | ZIP code<br><b>30096</b>                                 |
| Mailing address of business (if different)<br><b>P. O. Box 740167</b>   |   |   |  |
| City<br><b>Atlanta</b>  |   | State<br><b>GA</b>  | ZIP code<br><b>30374-0167</b>                            |
| Provide one of these identifiers  | Taxpayer Identification Number (TIN)<br><span style="background-color: black; color: white; padding: 0 20px;">6d</span> | Employer Identification Number (EIN)                      | WA Unified Business Identifier (UBI)<br><b>0178579-1</b> |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>LexisNexis Claims Solutions Inc. provides WA DOT records to insurance companies for insurance claims purposes.</b></p>   |   |   |  |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><b>LexisNexis Claims Solutions Inc. provides WA DOT records to insurance companies who contractually certify that they have a legitimate legal permissible purpose for the information. LexisNexis Claims Solutions Inc. does not provide WA DOT records to attorneys or Private Investigators.</b></p> |   |   |  |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

April 4, 2017

Date and place (county) signed

Meredith L. Sidewater

PRINT or TYPE Name

X *Meredith Sidewater*

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

|  |                              |       |
|--|------------------------------|-------|
| <b>1</b> Legal business name   |                              |       |
| See attached list.   |                              |       |
| Address, City, State, ZIP code   |                              |       |
| Contact name   | (Area code) Telephone number | Email |
| Providing information  |                              |       |
| Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |       |
| Subscriber's permissible use   |                              |       |
| <b>2</b> Legal business name   |                              |       |
| Address, City, State, ZIP code   |                              |       |
| Contact name   | (Area code) Telephone number | Email |
| Providing information  |                              |       |
| Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |       |
| Subscriber's permissible use   |                              |       |
| <b>3</b> Legal business name   |                              |       |
| Address, City, State, ZIP code   |                              |       |
| Contact name   | (Area code) Telephone number | Email |
| Providing information  |                              |       |
| Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |       |
| Subscriber's permissible use   |                              |       |
| <b>4</b> Legal business name   |                              |       |
| Address, City, State, ZIP code   |                              |       |
| Contact name   | (Area code) Telephone number | Email |
| Providing information  |                              |       |
| Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |       |
| Subscriber's permissible use   |                              |       |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

| COMPANY_NAME               | ACCT_SUFFIX | FIRST_NAME | LAST_NAME | EMAIL                                | PHONE        | PHONE_EXT | ADDR_1                     | ADDR_2        | CITY           | STATE_ABBR | ZIPCODE    |
|----------------------------|-------------|------------|-----------|--------------------------------------|--------------|-----------|----------------------------|---------------|----------------|------------|------------|
| STATE FARM ENTERPRISE CLAI | AAM         | TYLER      | GILBERT   | tyler.gilbert.rqe@statefarm.com      | 9186412949   |           | 12222 STATE FARM BLVD      |               | TULSA          | OK         | 74146      |
| USAA                       |             | JOHN       | THOMAS    | JOHN.THOMAS@USAA.COM                 | 8005318222   |           | 25500 NORTERRA PARKWAY     |               | PHOENIX        | AZ         | 85027      |
| CLAIMS MANAGEMENT RESOURCE |             | LOIS       | BONINE    | lbonine@cmrclaims.com                | 4056068216   |           | 615 CLASSEN BLVD           |               | OKLAHOMA CITY  | OK         | 73106      |
| INSURANCE CORP OF BC       | ABV         | DARRYL     | LAPAIRE   | darryl.lapaire@icbc.com              | 6046812800   |           | 151 W ESPLANADE            |               | N VANCOUVER    | BC         | V7L1L7     |
| USAA                       |             | MICHELE    | TRAINA    | Michele.Traina@usaa.com              | 8136156136   |           | 9800 FREDERICKSBURG RD     |               | SAN ANTONIO    | TX         | 78288      |
| GEICO                      |             | ROB        | REYNOLDS  | ROREYNOLDS@GEICO.COM                 | 7162764672   |           | PO BOX 98                  |               | WOODBURY       | NY         | 11797-0098 |
| GEICO                      |             | JEFF       | LEE       | JeLee@geico.com                      | 858-513-5524 |           | PO BOX 509090              |               | SAN DEIGO      | CA         | 92150      |
| SEDGWICK CLAIMS MANAGEMENT |             | KATHY      | BELL      | Kathy.Bell@sedgwickcms.com           | 3039926669   |           | PO BOX 14494               |               | LEXINGTON      | KY         | 40512      |
| SAFECO                     |             | PATTI      | HALL      | PATRICIAE.HALL@LIBERTYMUTUAL.COM     | 9498606101   |           | PO BOX 461                 |               | ST LOUIS       | MO         | 63166      |
| ALLSTATE INSURANCE         |             | Maurice    | Madison   | mmadi@allstate.com                   | 8474026039   |           | 2775 SANDERS RD            | STE E6        | NORTHBROOK     | IL         | 60062      |
| STATE FARM ENTERPRISE CLAI |             | TYLER      | GILBERT   | tyler.gilbert.rqe@statefarm.com      | 9186412949   |           | 12222 STATE FARM BLVD      |               | TULSA          | OK         | 74146      |
| LIBERTY MUT INS CO         |             | KRIS       | OPAL      | kris.opal@libertymutual.com          | 7158426395   |           | 2000 WESTWOOD DR           |               | WAUSAU         | WI         | 54401      |
| STATE FARM B2 LINCOLN      | AAR         | KRIS       | SCHILLING | kris.schilling.ctr3@statefarm.com    | 2627986226   |           | 500 S 84TH ST              |               | LINCOLN        | NE         | 68510      |
| LIBERTY AM                 |             | TERESA     | THOMAS    | TERTHO@SAFECO.COM                    | 6784173630   |           | PO BOX 461                 |               | SAINT LOUIS    | MO         | 63166      |
| PEMCO FTP                  |             | JOHN       | AUSTVOLD  | john.austvold@pemco.com              | 4257127748   |           | 325 EASTLAKE AVE E         |               | SEATTLE        | WA         | 98109      |
| FARMERS INSURANCE          | AAA         | TONI       | ANDERSON  | toni.anderson@hpcs.com               | 4057824937   |           | 2401 NW 23RD ST #4A        |               | OKLAHOMA CITY  | OK         | 73107      |
| AMERICAN FAMILY            |             | DENICE     | HART      | dhar1@amfam.com                      | 6082490100   |           | 9510 MERIDIAN BLVD         |               | ENGLEWOOD      | CO         | 80112      |
| ENTERPRISE RENT A CAR      |             | RHONDA     | FERON     | rhonda.e.feron@ehi.com               | 9184016000   |           | 14002 E. 21ST ST. STE 1500 |               | TULSA          | OK         | 74134      |
| AMERICAN COMMERCE          |             | LEANNE     | MERCIER   | lmercier@mapfreusa.com               | 5089495415   |           | 11 GORE ROAD               |               | WEBSTER        | MA         | 01570      |
| STATE FARM INSURANCE       |             | CINDY      | TURNER    | cynthia.d.turner.ai9t@statefarm.com  | 7032180603   |           | 4401 VILLAGE DRIVE         |               | FAIRFAX        | VA         | 22030      |
| STATE FARM INSURANCE - RAL |             | TONY       | RELMER    | tony.reimer.a6k3@statefarm.com       | 9197893903   |           | 4140 PARKLAKE AVE          |               | RALEIGH        | NC         | 27612      |
| TRAVELERS NORTHERN CA CSC  |             | SCOTT      | DUFFICY   | sdufficy@travelers.com               | 9196386312   |           | 11090 WHITE ROCK ROAD      | 2ND FLOOR AOC | RANCHO CORDOVA | CA         | 95670      |
| STATE FARM                 |             | TODD       | ADAMS     | rose.camarata.cvnj@statefarm.com     | 7704183511   |           | 11350 JOHNS CREEK PKWY     |               | DULUTH         | GA         | 30096      |
| EAN SERVICES LLC           |             | JEFF       | JACKSON   | jeffrey.h.jackson@ehi.com            | 8663003238   |           | 4800 WHEATON DR STE 200    |               | FORT COLLINS   | CO         | 80525      |
| COMMERCE WEST INSURANCE    | AHX         | LEANNE     | MERCIER   | lmercier@mapfreusa.com               | 5089439000   | 15003     | PO BOX 6001                |               | GILBERT        | AZ         | 85299      |
| LIBERTY MUTUAL FTP         |             | PATTY      | NERNEY    | patricia.nerney@libertymutual.com    | 6032459161   |           | 75 SYLVAN ST STE B201      |               | DANVERS        | MA         | 01923      |
| PEMCO FTP                  |             | JOHN       | AUSTVOLD  | john.austvold@pemco.com              | 4257127748   |           | 325 EASTLAKE AVE E         |               | SEATTLE        | WA         | 98109      |
| FRED LOYA INSURANCE AGENCY | AAE         | EDGAR      | MEZA      | emeza@fredloya.com                   | 2102563461   |           | 8603 INGRAM RD             |               | SAN ANTONIO    | TX         | 78245      |
| STATE FARM B AUTO EXPRESS  |             | PAM        | TWENTER   | pam.twenter.ania@statefarm.com       | 5734992142   |           | 4700 S PROVIDENCE RD       |               | COLUMBIA       | MO         | 65203      |
| FARMERS INSURANCE          |             | ALEXIS     | EHLERS    | alexis.ehlers@farmersinsurance.com   | 9138275583   |           | 16850 W 119TH ST           |               | OLATHE         | KS         | 66061      |
| O'REILLY AUTOMOTIVE        |             | CINDY      | OTEC      | cotec@oreillyauto.com                | 4175204560   |           | 233 SOUTH PATTERSON        |               | SPRINGFIELD    | MO         | 65801      |
| FARMERS INSURANCE          |             | PHIL       | MILLER    | philip.1.miller@farmersinsurance.com | 8004357764   |           | 16850 W. 119TH ST          |               | OLATHE         | KS         | 66061-7787 |
| COUNTRY INSURANCE          |             | LINDA      | TOLIVER   | linda.toliver@countryfinancial.com   | 3098215314   |           | 1711 GE ROAD               |               | BLOOMINGTON    | IL         | 61704      |
| STATE FARM INSURANCE - IL  |             | TRENT      | CHAPMAN   | trent.chapman.hbew@statefarm.com     | 3174280481   |           | 9200 KEYSTON CROSSING      | STE 200       | INDIANAPOLIS   | IN         | 46240      |
| GEICO FTP                  |             | BRYAN      | DENNEE    | BDennee@geico.com                    | 7162764672   |           | 300 CROSSPOINT PKWY        |               | GETZVILLE      | NY         | 14068      |
| SEDGWICK CLAIMS - HALL     |             | DEBRA      | CLIMER    | debra.climer@sedgwickcms.com         | 9729068514   |           | PO BOX 14512               |               | LEXINGTON      | KY         | 40512      |
| TRAVELERS SOUTH TEXAS CSC  | BKN         | PENNY      | BUTLER    | dlharris@travelers.com               | 2816087426   | 53143     | 4650 WESTWAY PARK BLVD     |               | HOUSTON        | TX         | 77041      |
| NATIONAL GENERAL INSURANCE |             | LAURIE     | MARTIN    | Laurie.Martin@ngic.com               | 3364352873   |           | PO BOX 3199                |               | WINSTON SALEM  | NC         | 27102-1424 |
| SENTRY INSURANCE CORP      |             | JOHN       | Kloc      | john.kloc@sentry.com                 | 7153466000   |           | 1800 NORTHPOINT DR J3-12-0 |               | STEVENS POINT  | WI         | 54481      |
| FARMERS INSURANCE          | AAJ         | MIKE       | ROOP      | MICHAEL_ROOP@FARMERSINSURANCE.CO     | 5096234922   |           | EAST 26TH 5TH AVE          |               | SPOKANE        | WA         | 99202      |
| GOLDFEIN CLAIMS MANAGEMENT |             | ADAM       | GOLDFEIN  | atgoldfein@gmail.com                 | 6783957992   |           | 530 DUNNALLY CT            |               | ALPHARETTA     | GA         | 30022      |

**NOTE: this document has been amended**



ARTICLES OF INCORPORATION

OF

L & S REPORT SERVICE, INC.

AZ. CORP. BOOK  
FOR THE STATE  
FILED

SEP 5 4 28 P.

APPR. *Magnum*  
DATE APR 20 1971  
TERM  
DATE TIME

ARTICLE I

178579

NAME: The name of the corporation is L & S REPORT SERVICE, INC.

ARTICLE II

PURPOSE: The purpose for which this corporation is organized is the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Arizona as they may be amended from time to time.

ARTICLE III

INITIAL BUSINESS: Furnishing accident and police reports and related documents for insurance companies on a fee basis.

ARTICLE IV

RELATED BUSINESSES: The business of engaging in any and all other business of any type whatsoever growing out of, related to or in any manner whatsoever in connection with any of the items, businesses, relationships, purposes and powers described in these articles. No enumeration herein set forth shall in any manner be deemed to be exclusive of objects or purposes not enumerated, but on the contrary such enumerations shall be construed as including all other and further objects and purposes of the same or similar type or character, regardless of how thin, vague or indefinite the relationship or connection may be.

ARTICLE V

AUTHORIZED CAPITAL: The corporation shall have authority to issue Fifty Thousand (50,000) shares of common stock, each share to have a par value of one dollar (\$1.00).

ARTICLE VI

PREEMPTIVE RIGHTS: Each shareholder shall have the right to acquire new stock at par when new stock is issued unless he has waived or forfeited his right of preemption. No resolution of the Board of Directors authorizing the

issuance of shares to which preemptive rights attach may require such rights to be exercised within less than sixty (60) days.

#### ARTICLE VII

STATUTORY AGENT: the name and address of the initial statutory agent of the corporation is Joseph M. Boyle, Duckworth and Boyle, Ltd., 6155 East Indian School Road, Building A, Suite 200, Scottsdale, Arizona 85251.

#### ARTICLE VIII

KNOWN PLACE OF BUSINESS: The known place of business of the corporation shall be P.O. Box 9874, Phoenix, Arizona 85008.

#### ARTICLE IX

BOARD OF DIRECTORS: The initial Board of Directors shall consist of two (2) directors, but the number of persons to serve on the Board of Directors thereafter shall be fixed by the bylaws of the corporation. The persons who are to serve as directors until the first annual meeting of the shareholders or until thier successors are elected and qualify are:

Carlton R. Simmons  
2224 W. Northern,  
Suite D-205  
Phoenix, Arizona

S.A. Lansing  
2224 W. Northern  
Suite D-205  
Phoenix, Arizona

#### ARTICLE X

INCORPORATORS: The incorporators of the corporation are:

Carlton R. Simmons  
2224 W. Northern  
Suite D-205  
Phoenix, Arizona

S.A. Lansing  
2224 W. Northern  
Suite D-205  
Phoenix, Arizona

All powers, duties and responsibilities of the incorporators shall cease at the time of delivery of these Articles of Incorporation to the Arizona Corporation Comission for filing or immediately following adoption of the initial bylaws of the corporation.

#### ARTICLE XI

DISTRIBUTIONS FROM CAPITAL SURPLUS: The Board of Directors of the corporation may from time to time, distribute on a prorata basis to its shareholders out of the

capital surplus of the corporation, a portion of its assets in cash or property.

ARTICLE XII

REPURCHASE OF SHARES: The Board of Directors of the corporation may, from time to time, cause the corporation to purchase its own shares to the extent of the unreserved and unrestricted earned and capital surplus of the corporation.

ARTICLE XII

INDEMNIFICATION OF OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS: The corporation shall indemnify any person who incurs expenses by reason of the fact he or she is or was an officer, director, employee, or agent of the corporation. This indemnification shall be mandatory in all circumstances in which indemnification shall be permitted by law and as otherwise provided by the bylaws of the corporation.

IN WITNESS WHEREOF, we have hereunto set our hands this 28 day of August, 1985.

Carlton R. Simmons  
Carlton R. Simmons

S.A. Lansing  
S.A. Lansing

STATE OF ARIZONA       )  
                              )  
County of Maricopa    )       ss:

The foregoing instrument was subscribed to and acknowledged before me, the undersigned Notary Public, this 28 day of August, 1985 by Carlton R. Simmons and S.A. Lansing.

Marilee Martinez  
Notary Public

My Commission expires:

My Commission Expires 12/31/1989



FILED

DEC 14 2009

AZ Corp. Commission



02973660

FILE NO. 0178579-1

**CERTIFICATE REGARDING  
AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF CHOICEPOINT POLICE RECORDS INC.**

ChoicePoint Police Records Inc., a corporation organized and existing under the laws of the State of Arizona, hereby certifies as follows:

1. The name of the corporation is ChoicePoint Police Records Inc. (the "Corporation").

2. Pursuant to Sections 10-1006 and 10-1007 of the Arizona Revised Statutes (the "A.R.S."), the form of Amended and Restated Articles of Incorporation of the Corporation set forth below amend and restate the Articles of Incorporation of the Corporation filed September 5, 1985 and amended July 26, 2002. Pursuant to Section 10-1003, of the A.R.S., these Amended and Restated Articles of Incorporation were duly adopted and recommended to the shareholders of the Corporation by the directors of the Corporation by written consent pursuant to Section 10-821 of the A.R.S. on December 7, 2009, and by the shareholders of the Corporation by written consent pursuant to Sections 10-704 and 10-1006 of the A.R.S. on December 7, 2009 by a number of votes sufficient for approval. The Corporation has a single voting group eligible to vote on the Amended and Restated Articles of Incorporation, consisting of 500 outstanding shares of common stock entitled to 500 votes and all such votes were cast in favor of the Amended and Restated Articles of Incorporation.

3. These Amended and Restated Articles of Incorporation of the Corporation shall become effective on January 1, 2010 at 12:01 a.m. Arizona time (the "Effective Time").

4. The Articles of Incorporation of the Corporation, at the Effective Time, are hereby amended and restated to read as follows:

**AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF LEXISNEXIS CLAIMS SOLUTIONS INC.**

**ARTICLE I**

**NAME**

The name of the corporation is "LexisNexis Claims Solutions Inc." (the "Corporation").

**ARTICLE II**

**ADDRESS AND REGISTERED AGENT**

The address of the principal office of the Corporation is 1000 Alderman Drive, Alpharetta, Georgia 30005. The mailing address of the Corporation is 2 Newton Place, Suite 350, Newton Massachusetts 02458-1637. The Registered Agent of the Corporation is C T Corporation System, located at 2394 East Camelback Road, Phoenix, Arizona 85016.

### ARTICLE III

#### INCORPORATORS

The names and addresses of the original incorporators of the Corporation were Carlton R. Simmons, 2224 W. Northern, Suite D-205, Phoenix, Arizona 85021; and S.A. Lansing, 2224 W. Northern, Suite D-205, Phoenix, Arizona 85021.

### ARTICLE IV

#### PURPOSE

The purpose for which the Corporation is organized is to engage in any lawful business for which corporations may be organized under Title 10 of the Arizona Revised Statutes.

### ARTICLE V

#### SHARES

The number of authorized shares of stock is 50,000 shares of common stock, \$1.00 par value per share.

### ARTICLE VI

#### DIRECTOR

The name and address of the sole director of the Corporation is James Peck, 1000 Alderman Drive, Alpharetta, Georgia 30006. Mr. Peck shall serve as director of the Corporation until a successor is elected and qualifies.

### ARTICLE VII

#### PERSONAL LIABILITY

A director shall have no personal liability for monetary damages to the Corporation or its shareholders for any action taken or any failure to take any action as a director, except liability for (i) the amount of a financial benefit received by a director to which the director is not entitled; (ii) an intentional infliction of harm on the Corporation or its shareholders; (iii) a violation of Section 10-833 of the Arizona Revised Statutes; or

(iv) an intentional violation of criminal law. Any amendment, modification or repeal of the foregoing sentence shall not adversely affect any right or protection of a director of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

#### ARTICLE VIII

#### AMENDMENTS

The Corporation reserves the right at any time, and from time to time, to amend, alter, change or repeal any provision contained in these Amended and Restated Articles of Incorporation, and other provisions authorized by the laws of the State of Arizona at the time in force may be added or inserted, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of any nature conferred upon shareholders, directors or any other persons by and pursuant to these Amended and Restated Articles of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this article.



**IN WITNESS WHEREOF**, the Corporation has caused these Amended and Restated Articles of Incorporation to be executed this 30<sup>th</sup> day of December, 2009, by a duly authorized officer.

**LEXISNEXIS CLAIMS SOLUTIONS INC.**

By: Renee Simonton  
Name: Renee Simonton  
Title: Vice President

**COMMISSIONERS**  
**KRISTINK. MAYES - Chairman**  
**GARY PIERCE**  
**PAUL NEWMAN**  
**SANDRA D. KENNEDY**  
**BOB STUMP**



**ARIZONA CORPORATION COMMISSION**

**ERNEST G. JOHNSON**  
Executive Director

**JEFF GRANT**  
Director  
Corporations Division

December 31, 2009

**CT CORPORATION SYSTEM**  
**2394 E CAMELBACK RD**  
**PHOENIX, AZ 85016**

**RE: LEXISNEXIS CLAIMS SOLUTIONS INC.**  
File Number: 01785791

We are pleased to notify you that your Amendment to Articles of Incorporation for the above-referenced corporation **HAS BEEN APPROVED.**

You must publish a copy of the Amendment. The publication must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of acceptable newspapers in each county is enclosed and is also posted on the Commission website. Publication must be completed **WITHIN 60 DAYS** after December 31, 2009, which is the date the document was approved for filing by the Commission. The corporation may be subject to administrative dissolution if it fails to publish. You will receive an Affidavit of Publication from the newspaper, and you may file it with the Commission.

We strongly recommend that you periodically monitor your corporation's record with the Commission, which can be viewed at [www.azcc.gov/divisions/corporations](http://www.azcc.gov/divisions/corporations). If you have questions or need further information, please contact us at (602) 542-3026 in Phoenix, or Toll Free (Arizona residents only) at 1-800-345-5819.

Sincerely,  
Lottie Hawkins  
Examiner, Corporations Division

CF:11  
REV. 01/2009

FILED

3178579-1

JUL 26 2 18 PM '02

ARTICLES OF AMENDMENT

OF

Lis Report Service, Inc.

[Name of Corporation]

1. The name of the corporation is Lis Report Service, Inc.

2. Attached hereto as Exhibit A is the text of each amendment adopted.

3. ☒ The amendment does not provide for an exchange, reclassification or cancellation of issued shares.

☐ Exhibit A contains provisions for implementing the exchange, reclassification or cancellation of issued shares provided for therein.

☐ The amendment provides for exchange, reclassification or cancellation of issued shares. Such actions will be implemented as follows:

4. The amendment was adopted the 1st day of July, 2002.

5. ☒ The amendment was adopted by the ☐ incorporators ☒ board of directors without shareholder action and shareholder action was not required.

☐ The amendment was approved by the shareholders. There is (are) \_\_\_\_\_ voting groups eligible to vote on the amendment. The designation of voting groups entitled to vote separately on the amendment, the number of votes in each, the number of votes represented at the meeting at which the amendment was adopted and the votes cast for and against the amendment were as follows:

The voting group consisting of \_\_\_\_\_ outstanding shares of \_\_\_\_\_ [class or series] stock is entitled to \_\_\_\_\_ votes. There were \_\_\_\_\_ votes present at the meeting. The voting group cast \_\_\_\_\_ votes for and \_\_\_\_\_ votes against approval of the amendment. The number of votes cast for approval of the amendment was sufficient for approval by the voting group.



The voting group consisting of \_\_\_\_\_ outstanding shares of \_\_\_\_\_ [class or series] stock is entitled to \_\_\_\_\_ votes. There were \_\_\_\_\_ votes present at the meeting. The voting group cast \_\_\_\_\_ votes for and \_\_\_\_\_ votes against approval of the amendment. The number of votes cast for approval of the amendment was sufficient for approval by the voting group.

DATED as of this 25 day of July, 2002.

L&S Report Service, Inc.

[name of corporation]

By

Mary M. Young

Mary M. Young

[name]

Assistant Secretary

[title]

**Attachment A**

The following constitutes a true and correct copy of resolutions adopted by the Board of Directors of L&S Report Service, Inc. by unanimous written consent dated July 1, 2002, and that such resolutions have not been amended, modified or rescinded and is in full force and effect as of the date hereof:

**RESOLVED**, that Article I of the Articles of Incorporation be amended in its entirety so it shall read as follows:

**"I. The name of the Corporation is:**

**ChoicePoint Police Records Inc."**



## Gwinnett County Licensing and Revenue

446 W. Crogan Street - Suite 125  
Lawrenceville, GA 30046

**2017**

NOT  
TRANSFERABLE

**DISPLAY THIS CERTIFICATE AT BUSINESS LOCATION FOR PUBLIC VIEW**

Date Issued: January 24, 2017  
Expires: March 31, 2018

Certificate Number: 2017175412  
Fee: \$1,348.53

Business Name: LEXISNEXIS CLAIMS SOLUTIONS INC  
Description: All Other Insurance Related Activities

MAIL TO:  
LEXISNEXIS CLAIMS SOLUTIONS INC  
C/O LEXISNEXIS CLAIMS SOLUTIONS INC  
313 WASHINGTON ST STE 400  
NEWTON MA 02458-1626

Business Location  
2885 BRECKINRIDGE BLVD  
SUITE 400  
DULUTH GA 30096-7608

**Only valid at this location and when location conforms to Gwinnett County Ordinance**



# Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

*Renewal*

|  |   |   |  |
|--|---|---|--|
| Company/Agency name<br><i>Seattle Motorsports Inc. Adventure Motorsports</i>   |   | Website   |  |
| Contact name. Primary applicant and contract manager<br><i>Scott McMillan</i>  | (Area code) Telephone number<br><i>360 805-5350</i> | Email (required)<br><i>scott@adventuremotorsports.net</i> |  |
| Contact name 2 (if applicable)<br><i>Alice Hawkins</i>   | (Area code) Telephone number<br><i>360 805-5350</i> | Email (required)<br><i>alice@adventuremotorsports.net</i> |  |
| Physical address of business (number and street)<br><i>320 N. Lewis St.</i>  |   |   |  |
| City<br><i>Monroe</i>  |   | State<br><i>WA</i>  | ZIP code<br><i>98272</i>                                 |
| Mailing address of business (if different)<br><i>Saa</i>   |   |   |  |
| City   |   | State   | ZIP code   |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number (TIN)<br><i>6d</i>   | Employer Identification Number (EIN)                      | WA Unified Business Identifier (UBI)<br><i>602319853</i> |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br><i>Retail sales of motorcycles, ATVs, SXS, snowmobiles parts and service</i>  |   |   |  |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><i>trade-in verification of ownership only<br/>Will not contact the vehicle/vessel owner.</i> |   |   |  |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Scott McMillan  
PRINT or TYPE Name

**X**

Signature of business or organization representative

10/19/17 Snohomish Co  
Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)****cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.****Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

**13a**

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| Company/Agency name<br>FalCorp, Ltd  |  | Website   |                                      |
| Contact name. Primary applicant and contract manager<br>Robert C Zornes  | (Area code) Telephone number<br>3607108300 | Email (required)<br>bob@falcorp.com               |                                      |
| Contact name 2 (if applicable)   | (Area code) Telephone number               | Email (required)                                  |                                      |
| Physical address of business (number and street)<br>6055 Seabeck Hwy NW  |  |   |                                      |
| City<br>Bremerton  |  | State<br>WA                                       | ZIP code<br>98312                    |
| Mailing address of business (if different)<br>PO Box 220   |  |   |                                      |
| City<br>Silverdale   |  | State<br>WA                                       | ZIP code<br>98383                    |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number (TIN)       | Employer Identification Number (EIN)<br><b>6d</b> | WA Unified Business Identifier (UBI) |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br><br>Service of legal process  |  |   |                                      |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><br>If located, I will be serving the documents on the person for whom I sought the licensing information |  |   |                                      |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact **cps@dol.wa.gov** to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

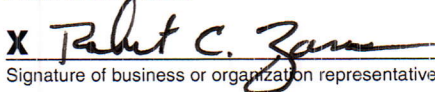
**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Robert C Zornes

PRINT or TYPE Name

X 

Signature of business or organization representative

August 16, 2017 Kitsap

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |  |              |                              |                          |
|----------|--|--------------|------------------------------|--------------------------|
| <b>1</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>2</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>3</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>4</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>5</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>6</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>7</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



❶ MyDOR will not be available 8:00PM Tuesday August 15, 2017 - 6:00PM Wednesday August 16, 2017. Profit corporation and LLC annual reports will not be available during those times. Thank you for your patience.

**FALCORP, LTD.**

|                              |                     |
|------------------------------|---------------------|
| UBI Number                   | 601559863           |
| Category                     | REG                 |
| Profit/Nonprofit             | Profit              |
| Active/Inactive              | Active              |
| State Of Incorporation       | WA                  |
| WA Filing Date               | 07/19/1994          |
| Expiration Date              | 07/31/2018          |
| Duration                     | Perpetual           |
| Registered Agent Information |                     |
| Agent Name                   | ROBERT C ZORNES     |
| Address                      | 6055 SEABECK HWY NW |
| City                         | BREMERTON           |
| State                        | WA                  |
| ZIP                          | 983129513           |
| Special Address Information  |                     |
| Address                      | PO BOX 220          |
| City                         | SILVERDALE          |
| State                        | WA                  |
| Zip                          | 983830220           |

Governing Persons (as defined in RCW 23.95.105 (12) (<http://appleg.wa.gov/RCW/supdefault.aspx?cite=23.95.105>))

| Title    | Name           |
|----------|----------------|
| Governor | ZORNES, ROBERT |



[Help](#)

My DOR

My DOR » Business License Lo... » FALCORP, LTD.

License Information:

**Entity name:** FALCORP, LTD.  
**Business name:**  
**Entity type:** Profit Corporation  
**UBI:** 601-559-863  
**Location:** None  
**Status:** To check the status of this company, go to the link  
Department of Revenue  
Secretary of State

| Secretary of State Information |               |
|--------------------------------|---------------|
| <b>Business name:</b>          | FALCORP, LTD. |
| <b>UBI:</b>                    | 601-559-863   |
| <b>Category:</b>               | REG           |
| <b>Profit/Nonprofit:</b>       | Profit        |
| <b>Active/Inactive:</b>        | Active        |
| <b>State of incorporation:</b> | WA            |
| <b>WA filing date:</b>         | 07/19/1994    |
| <b>Expiration date:</b>        | 07/31/2018    |
| <b>Inactive date:</b>          |               |
| <b>Duration:</b>               | Perpetual     |

| Registered Agent Information |  |
|------------------------------|--|
| <b>Agent name:</b>           | ROBERT C ZORNES                                |
| <b>Address:</b>              | 6055 SEABECK HWY NW<br>BREMERTON, WA 983129513 |

| Special Address Information |  |
|-----------------------------|--|
| <b>Address:</b>             | PO BOX 220<br>SILVERDALE, WA 983830220 |

Governing People May include governing people not registered with SOS

Governing people

ZORNES, ROBERT

Information current

| Governing Persons |          |         |
|-------------------|----------|---------|
| Filter            |          |         |
| Name              | Title    | Address |
| ZORNES, ROBERT    | Governor |         |

Contact us

[Your Privacy](#)

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1500 East Fourth Plain Blvd.  
Vancouver, WA 98661  
360-750-0929 360-750-4761 (Fax)

**Protective Security  
Investigations**

# Fax

**To:** Public Disclosure/WA DOL **From:** Gary Rice  
**Fax:** 3605707895 **Pages:** 8  
**Phone:** 360-359-4001 **Date:** 6/1/2017  
**Re:** IVIPS Renewal, Acct# 13a **CC:** File

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:**

Here is the renewal information for the year. I have enclosed the completed application and supplied copies of my licenses, business license, Legal Entity Registration as well as my receipts for my renewals for my licenses and LLC.

If you have any questions, please contact me at 360-750-0929.

Thanks

Gary

Faxed to DOL  
6/1/2017  
1600 N. 4th





## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

ivips@dol.wa.gov

Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspdi.html](http://dol.wa.gov/forms/formspdi.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

13a

|  |   |  |  |
|--|---|--|--|
| Company/Agency name<br><b>Protective Security Investigations, Inc</b>  |   | Website<br><b>www.psi-investigators.com</b>            |  |
| Contact name, Primary applicant and contract manager<br><b>Gary E. Rice</b>  | (Area code) Telephone number<br><b>(360) 750-0929</b> | Email (required)<br><b>garyrice@worldaccessnet.com</b> |  |
| Contact name 2 (if applicable)<br><b>Summer Rice</b>   | (Area code) Telephone number<br><b>(360) 750-0929</b> | Email (required)<br><b>summer4400@gmail.com</b>        |  |
| Physical address of business (number and street)<br><b>1500 East Fourth Plain Blvd</b>   |   |  |  |
| City<br><b>Vancouver</b>   |   | State<br><b>WA</b>                                     | ZIP code<br><b>98661</b>                                   |
| Mailing address of business (if different)<br><b>N/A</b>   |   |  |  |
| City   |   | State  | ZIP code   |
| Provide <b>one</b> of these identifiers  | Taxpayer Identification Number (TIN)                  | Employer Identification Number (EIN)<br><b>6d</b>      | WA Unified Business Identifier (UBI)<br><b>601-474-060</b> |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a full service private investigation agency that provides criminal investigations to the Clark County Court System, civil investigations for law firms and individual attorney's regarding civil law suits and torts. We also deliver service of process.</p>   |   |  |  |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>We will not personally contact the owner for any purpose. We will provide the legal and registered information on any vehicle when it is needed for the court, prosecutor's office, or a defense attorney and/or attorney involved in a legal proceeding regarding that specific record.</p> |   |  |  |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

06/01/2017, Clark County WA.

Date and place (county) signed

Gary E. Rice

PRINT or TYPE Name

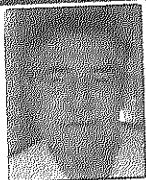
X

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

STATE OF OREGON  
Department of Public Safety Standards and Training



Private Investigator

Gary Rice

PURSUANT TO ORS 703.010-703.995

PI-ID 00083

EXPIRES 9/12/2018



Eriks J. Gabliks, Director

STATE OF WASHINGTON  
UNARMED PRIVATE INVESTIGATOR  
PRINCIPAL, CERTIFIED TRAINER

PROTECTIVE SECURITY INVEST  
GARY E RICE  
1500 E FOURTH PLAIN BLVD  
VANCOUVER WA 98661

1717  
License Number

07/31/2017  
Expiration Date

Pat Kohler  
Pat Kohler, Director

STATE OF WASHINGTON  
UNARMED PRIVATE INVESTIGATOR  
PRINCIPAL, CERTIFIED TRAINER

PROTECTIVE SECURITY INVEST  
GARY E RICE  
1500 E FOURTH PLAIN BLVD  
VANCOUVER WA 98661

1717  
License Number

06/30/2017  
Expiration Date

Pat Kohler  
Pat Kohler, Director

STATE OF WASHINGTON  
UNARMED PRIVATE INVESTIGATOR  
PRINCIPAL, CERTIFIED TRAINER

PROTECTIVE SECURITY INVEST  
GARY E RICE  
1500 E FOURTH PLAIN BLVD  
VANCOUVER WA 98661

1717  
License Number

07/31/2017  
Expiration Date

Pat Kohler  
Pat Kohler, Director





STATE OF  
WASHINGTON

Office of the Secretary of State  
Corporations Division

## LEGAL ENTITY REGISTRATION

PROTECTIVE SECURITY INVESTIGATIONS, INC.  
1500 E 4TH PLAIN BLVD  
VANCOUVER, WA 98661

Unified Business ID #: 601474060

Expiration: Jun-30-2017

Domestic Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

A handwritten signature in cursive script, reading "Kim Wynga".

Secretary of State



STATE OF  
WASHINGTON

## BUSINESS LICENSE

Corporation

PROTECTIVE SECURITY INVESTIGATIONS, INC.  
PSI/INTERSTATE SECURITY PATROL  
1500 E FOURTH PLAIN BLVD  
VANCOUVER, WA 98661-3752

Unified Business ID #: 601474060

Business ID #: 001

Location: 0001

Expires: Jun 30, 2017

PRIVATE INVESTIGATIVE AGENCY #393  
INDUSTRIAL INSURANCE

UNEMPLOYMENT INSURANCE

TAX REGISTRATION

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: RICE, GARYE

CITY ENDORSEMENTS:

VANCOUVER GENERAL BUSINESS

### LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in cursive script that reads "Vicki Smith".

Director, Department of Revenue

6/1/2017

My DOR

[My DOR Services](#)[View Support ID](#)[Help](#)[Log out](#)[Home](#) » [Annual Report](#) » [Confirmation](#)

## Confirmation

Thank you for submitting your Annual Report. Your confirmation is **0-001-226-296**

Below is information from your annual report:

|                                 |  |
|---------------------------------|--|
| <b>Filing Date and Time</b>     | 6/1/2017 2:39:48 PM                              |
| <b>Legal Entity Name</b>        | PROTECTIVE SECURITY INVESTIGATIONS, INC.         |
| <b>UBI</b>                      | 601-474-060                                      |
| <b>Physical/Mailing Address</b> | 1500 E FOURTH PLAIN BLVD VANCOUVER WA 98661-3752 |
| <b>Payment Method</b>           | ACH Debit/E-Check                                |
| <b>Payment Amount</b>           | \$71.00  |

[Give us your feedback](#)

For easy reference, you can print this page and retain it with your records.

Check the status of your request from the [Activity](#) tab.

[Printable Receipt \(PDF\)](#)

001

Contact us.

[Your Privacy](#) | [Access Agreement](#)

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Washington™



6/1/2017

My DOR

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My DOR

[Home](#) » [License Renewal](#) » [Confirmation](#)**Confirmation**

Your request has been submitted and your confirmation number is **0-001-203-251**

**Below is information from your renewal**

**Filing Date and Time** 6/1/2017 2:43:30 PM  
**Legal Entity Name** PROTECTIVE SECURITY INVESTIGATIONS, INC.  
**Location Name** PSI/INTERSTATE SECURITY PATROL  
**Account number** 601474060-001-0001  
**Physical Address** 1500 E FOURTH PLAIN BLVD VANCOUVER WA 98661-3752  
**Mailing Address** 1500 E FOURTH PLAIN BLVD VANCOUVER WA 98661-3752  
**Payment Method** ACH Debit/E-Check  
**Payment Amount** \$646.00

[Give us your feedback](#)

For easy reference, you can print this page and retain it with your records.

Check the status of your request from the [Activity](#) tab.

[Printable Receipt \(PDF\)](#)

0/1

**Contact us.**[Your Privacy](#) | [Access Agreement](#)

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powered by  
**SecureAccess  
Washington™**

HP Officejet Pro 8600 N911a Series

Fax Log for

PSI

360-750-4761

Jun 01 2017 3:15PM

---

Last Transaction

| Date | Time | Type | Station ID | Duration | Pages | Result |
|------|------|------|------------|----------|-------|--------|
|------|------|------|------------|----------|-------|--------|

---

|  |  |  |  | Digital Fax |  |  |
|--|--|--|--|-------------|--|--|
|--|--|--|--|-------------|--|--|

|       |        |          |             |             |   |    |
|-------|--------|----------|-------------|-------------|---|----|
| Jun 1 | 3:11PM | Fax Sent | 13605707895 | 4:11<br>N/A | 8 | OK |
|-------|--------|----------|-------------|-------------|---|----|

08/17/2017 10:55

8008706877

RECORDS RESEARCH

PAGE 01/06

***RECORDS RESEARCH, INC.***

11230 Gold Express DR, #310-373, Gold River, CA 95670-4484

PHONE: 800-952-5766 or 916-853-2128

**FAX COVER SHEET**DATE: AUG 17, 2017COMPANY: WASHINGTON DEPARTMENT OF LICENSINGTO: VEHICLE RECORD DISCLOSURE UNITFAX NUMBER: 360-570-7895FROM: LOUISE GARLICKNUMBER OF PAGES (EXCLUDING THIS PAGE): 5COMMENTS: ENCLOSED IS THE COMPLETED VEHICLE/VESSEL ON-LINE ACCESSCONTRACT APPLICATION FOR RECORDS RESERCH INC. THIS IS A RENEWALAPPLICATION AS RECORDS RESEARCH HAS MAINTAINED AN ACCOUNT WITH THESTATE OF WASHINGTON SINCE 2011. I WOULD APPRECIATE IT IF YOU COULDREVIEW THIS APPLICATION AT YOUR EARLIEST CONVENIENCE AS WE WERE JUSTINFORMED THAT OUR CURRENT ACCOUNT HAS EXPIRED.THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

IF YOU NEED TO REPLY: VOICE: 1-800-952-5766 or 916-853-2128

FAX: 1-800-870-6877 or 916-853-2128

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATIONS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the Internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

|  |   |   |                                      |
|--|---|---|--------------------------------------|
| Company/Agency name<br><b>RECORDS RESEARCH INC.</b>  |   | Website<br><b>www.recordsresearch.com</b>     |                                      |
| Contact name, Primary applicant and contract manager<br><b>ANDRUE DIARLICK</b>   | (Area code) Telephone number<br><b>800-952-5766</b> | Email (required)<br><b>la.garlick@ADL.COM</b> |                                      |
| Contact name 2 (if applicable)   | (Area code) Telephone number                        | Email (required)                              |                                      |
| Physical address of business (number and street)<br><b>11344 COLDHAR ROAD #490</b>   |   |   |                                      |
| City<br><b>GOLD RIVER</b>  |   | State<br><b>CA</b>                            | ZIP code<br><b>95670</b>             |
| Mailing address of business (if different)<br><b>11230 GOLD EXPRESS DRIVE SUITE 310-373</b>  |   |   |                                      |
| City<br><b>GOLD RIVER</b>  |   | State<br><b>CA</b>                            | ZIP code<br><b>95670</b>             |
| Provide one of these identifiers   | Taxpayer Identification Number (TIN)<br><b>6d</b>   | Employer Identification Number (EIN)          | WA Unified Business Identifier (UBI) |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br><br><b>SEE ATTACHED STATEMENT</b>   |   |   |                                      |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><br><b>SEE ATTACHED STATEMENT</b> |   |   |                                      |



**TO: Washington State Department of Licensing  
Vehicle/Vessel Contract Application**

**From: Records Research, Inc.**

Records Research, Inc. is a California corporation located in Gold River, California. Founded in 1981, our sole business is to serve as a third party agent for the purpose of providing driving and vehicle record information to our clients entitled to receive this information by law. Washington vehicle records are only requested for Insurance Companies. They require these records for insurance claim investigations, anti-fraud investigations, and the rating or underwriting of insurance policies.

Vehicle/Vessel records obtained from the state of Washington are only provided to the Insurance Company that requested the information. At this time we provide this service to three Insurance Companies that are listed on your Subscriber Roster (attached).

Records Research clients must provide detailed company information including incorporation number, tax ID, and business license documents. All requests must include the legitimate business need under the DPPA. Clients must maintain a log that includes the date of request, company name, name of requester, time ordered, for what purpose, and the disposition of the record. This log must be maintained for 5 years for audit purposes.

Records are returned to our clients through our secure internal computer system. Clients must log on with an account number, company number, personal ID number, and password. Passwords must be changed a minimum of every 60 days.

Records Research never contacts the vehicle/vessel owner.

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |  |   |  |   |
|----------|--|---|--|---|
| <b>1</b> | Legal business name<br><b>Infinity Auto Insurance</b>  | Contact name<br><b>Paula Perez</b>      | Email  | (Area code) Phone number<br><b>(562) 653-1239</b> |
|          | Address, City, State, Zip code<br><b>13340 183rd St. #100 Cerritos, CA 90703</b>   |   | Subscriber's permissible use<br><b>for customer quotes and insurance writing for customers</b> |   |
|          | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |   |
| <b>2</b> | Legal business name<br><b>Allied Group Insurance</b>   | Contact name<br><b>Karen Joseph</b>     | Email  | (Area code) Phone number<br><b>(916) 900-5934</b> |
|          | Address, City, State, Zip code<br><b>11001 Exposition Blvd. Sacramento, CA 95815</b>   |   | Subscriber's permissible use<br><b>for insurance quotes and policy writing</b>                 |   |
|          | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |   |
| <b>3</b> | Legal business name<br><b>Nationwide Mutual Insurance</b>  | Contact name<br><b>Michael Williams</b> | Email  | (Area code) Phone number<br><b>(614) 249-6394</b> |
|          | Address, City, State, Zip code<br><b>1 Nationwide Plaza Columbus, OH 43215</b>   |   | Subscriber's permissible use<br><b>for insurance quotes and policy writing</b>                 |   |
|          | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |  |   |
| <b>4</b> | Legal business name  | Contact name                            | Email  | (Area code) Phone number                          |
|          | Address, City, State, Zip code   |   | Subscriber's permissible use   |   |
|          | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |   |  |   |
| <b>5</b> | Legal business name  | Contact name                            | Email  | (Area code) Phone number                          |
|          | Address, City, State, Zip code   |   | Subscriber's permissible use   |   |
|          | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |   |  |   |
| <b>6</b> | Legal business name  | Contact name                            | Email  | (Area code) Phone number                          |
|          | Address, City, State, Zip code   |   | Subscriber's permissible use   |   |
|          | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |   |  |   |
| <b>7</b> | Legal business name  | Contact name                            | Email  | (Area code) Phone number                          |
|          | Address, City, State, Zip code   |   | Subscriber's permissible use   |   |
|          | Does the subscriber provide information to an attorney or private investigator?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |   |  |   |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



## County of Sacramento General Business License



**RECORDS RESEARCH INC**  
**RECORDS RESEARCH INC**  
**PMB: 310**  
**11230 GOLD EXPRESS DR #373**  
**GOLD RIVER, CA 95670**

License Number: **GNB32010-49622**      Expiration Date: **December 01, 2019**

Issue Date: **December 13, 2010**

Owner Name: **RECORDS RESEARCH INC**

Business Name: **RECORDS RESEARCH INC**

Location: **11344 COLOMA RD #490**  
**GOLD RIVER, CA 95670**

Business Activities: **DATA SERVICES**

This License is approved with the following conditions. Failure to comply with the following conditions may result in revocation of this license and civil or criminal penalties.

SEE THE ENCLOSED NOTIFICATION OF POTENTIALLY APPLICABLE CODES AND ORDINANCES. LICENSEE SHALL ABIDE BY ALL APPLICABLE COUNTY REGULATIONS, STATE AND FEDERAL LAWS. SIGNAGE ONLY ALLOWED ON 50% OF ANY WINDOW PANE. OFFICE USES ONLY.

**License not transferable. Not Valid at any other location.**  
**Post in public view in a conspicuous place.**

**Ben Lamera**  
Director of Finance

Department of Finance, Tax Collection and Licensing  
700 H Street, Room 1710, Sacramento, California 95814  
phone (916) 874-6644 | fax (916) 874-8909 | [www.finance.saccounty.net](http://www.finance.saccounty.net)

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- ✓ • **Business outside Washington State** – Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

LOUISE VARLICK  
PRINT or TYPE Name

8-17-2017 SACRAMENTO County X Louise Varlick, President  
Date and place (county) signed Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Vehicle/Vessel On-line Access  
Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)[cps@dol.wa.gov](mailto:cps@dol.wa.gov)

Print and scan or upgrade to

[Adobe Reader](#) XI or above to fill it in  
and save it.**Mail**Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| Company/Agency name<br><b>TOYOTA SCION OF GLADSTONE</b>   |   | Website<br><b>TOYOTAOFGLADSTONE.COM</b>   |                                      |
| Contact name. Primary applicant and contract manager<br><b>CHERYL ELLIOTT</b>   | (Area code) Telephone number<br><b>5037232317</b>   | Email (required)<br><b>CELLIOTT@TOYOTAOFGLADST.</b>   |                                      |
| Contact name 2 (if applicable)<br><b>ANGELA VIOL</b>  | (Area code) Telephone number<br><b>503.723.4854</b> | Email (required)<br><b>AVIOL@TOYOTAOFGLADSTONE</b>  |                                      |
| Physical address of business (number and street)<br><b>19375 SE MCLOUGHLIN BLVD</b>   |   |   |                                      |
| City<br><b>GLADSTONE</b>  |   | State<br><b>OR</b>  | ZIP code<br><b>97027</b>             |
| Mailing address of business (if different)<br><b>PO BOX 68239</b>   |   |   |                                      |
| City<br><b>PORTLAND</b>   |   | State<br><b>OR</b>  | ZIP code<br><b>97268</b>             |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number (TIN)                | Employer Identification Number (EIN)<br><span style="background-color: black; color: white; padding: 0 20px;">6d</span> | WA Unified Business Identifier (UBI) |
| <p>Answer the following<br/>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><b>SELLING AND PURCHASING NEW/USED VEHICLES</b></p>  |   |   |                                      |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><b>WE WILL CONTACT THE OWNER BY MAIL, PHONE, OR EMAIL. ONLY IF THE INFORMATION THAT IS DISCLOSED BY THE OWNER DIFFERS FROM THE RECORD. (IE: NEEDING A LIEN RELEASE, OR A RELEASE FROM ANOTHER LEGAL OWNER ON RECORD).</b></p> <p><b>WE WILL NOT DISCLOSE ANY FINDINGS TO A 3RD PARTY.</b></p> |   |   |                                      |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

10.13.17 CLACKAMAS CO. ORE.

Date and place (county) signed

CHERYL ELLIOTT

PRINT or TYPE Name

**X**

Signature of business or organization representative



**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
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**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
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Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |  |              |                              |                          |
|----------|--|--------------|------------------------------|--------------------------|
| <b>1</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>2</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>3</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>4</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>5</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>6</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>7</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |

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Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

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Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

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If you currently have a CPS number, enter it here

13a

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| Company/Agency name <i>Farmons Insurance Company</i>  |   | Website   |                                      |
| Contact name, Primary applicant and contract manager<br><i>Carla Hill</i>   | (Area code) Telephone number<br><i>206-212-5614</i> | Email (required)<br><i>Carla.hill@farmersinsurance.com</i>      |                                      |
| Contact name 2 (if applicable)<br><i>Robert Pearsall</i>  | (Area code) Telephone number<br><i>253-677-3824</i> | Email (required)<br><i>Robert.pearsall@farmersinsurance.com</i> |                                      |
| Physical address of business (number and street)<br><i>32125 S 32nd Ave, Suite 200</i>  |   |   |                                      |
| City<br><i>Federal Way</i>  |   | State<br><i>WA</i>  | ZIP code<br><i>98001</i>             |
| Mailing address of business (if different)  |   |   |                                      |
| City  |   | State   | ZIP code                             |
| Provide one of these identifiers  | Taxpayer Identification Number (TIN)<br><i>6d</i>   | Employer Identification Number (EIN)                            | WA Unified Business Identifier (UBI) |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p><i>Identify customers when a covered loss occurs for liability, comprehensive, &amp; collision claims.</i></p>  |   |   |                                      |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p><i>No</i></p> |   |   |                                      |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

7/31/17-KIN6

Date and place (county) signed

ROBERT PEARSON

PRINT or TYPE Name

X

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for CPS must complete and return this section)

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |  |              |                              |                          |
|----------|--|--------------|------------------------------|--------------------------|
| <b>1</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>2</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>3</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>4</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>5</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>6</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>7</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Nº .893

# Certificate of Authority

STATE OF WASHINGTON  
INSURANCE COMMISSIONER  
OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

FARMERS INSURANCE COMPANY OF WASHINGTON

of SEATTLE, WASHINGTON, organized under the  
laws of WASHINGTON, having presented satisfactory evidence  
of compliance, this Certificate of Authority is hereby granted, authorizing the company to  
transact the following classes of insurance:

DISABILITY  
PROPERTY  
MARINE & TRANSPORTATION  
GENERAL CASUALTY  
SURETY

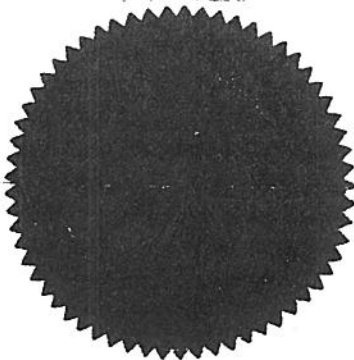
subject to all provisions of this Certificate as such classes are now or may hereafter be defined  
in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter  
being in full compliance with all, and not in violation of any, of the applicable laws and lawful  
requirements made under authority of the laws of the State of Washington as long as such laws  
or requirements are in effect and applicable, and as such laws and requirements now are, or  
may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 28TH day  
of JULY, 19 70, I have hereunto set my hand  
and caused my official seal to be affixed this 28TH day of  
JULY, 19 70.

  
Insurance Commissioner

By \_\_\_\_\_  
Chief Deputy



**Vehicle/Vessel On-line Access  
Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.****Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

**13a**

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| Company/Agency name<br>Jeffers, Danielson, Sonn & Aylward, P.S.  |   | Website<br>jdsalaw.com                 |                                      |
| Contact name. Primary applicant and contract manager<br>Peter A. Spadoni   | (Area code) Telephone number<br>(509)662-3685 | Email (required)<br>peters@jdsalaw.com |                                      |
| Contact name 2 (if applicable)   | (Area code) Telephone number                  | Email (required)                       |                                      |
| Physical address of business (number and street)<br>2600 Chester Kimm Road   |   |  |                                      |
| City<br>Wenatchee  |   | State<br>WA                            | ZIP code<br>98801                    |
| Mailing address of business (if different)<br>P.O. Box 1688  |   |  |                                      |
| City<br>Wenatchee  |   | State<br>WA                            | ZIP code<br>98807-1688               |
| Provide one of these identifiers   | Taxpayer Identification Number (TIN)<br>6d    | Employer Identification Number (EIN)   | WA Unified Business Identifier (UBI) |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).<br>Law firm which, among other matters, is involved in the transfer of manufactured homes and vehicles.  |   |  |                                      |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br>We will disclose the results of the information obtained to our clients and the attorneys within Jeffers, Danielson working for the client to verify title information when involved in a transaction on the client's behalf. |   |  |                                      |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

|  |  |
|--|--|
| <u>11/6/2015 Chelan County</u><br>Date and place (county) signed | <u>Peter A. Spadoni</u><br>PRINT or TYPE Name                                |
|  | <u>X [Signature]</u><br>Signature of business or organization representative |

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**City of Wenatchee**

129 S. Chelan Ave., Wenatchee, WA 98801-2975

P.O. Box 519, Wenatchee, WA 98807-0519

(509) 888-6229

**BUSINESS LICENSE**

JEFFERS-DANIELSON-SONN-AYLWARD

2600 CHESTER KIMM RD

WENATCHEE, WA 98801-8116

THIS CERTIFIES that the business or individual listed below is hereby licensed  
to do business within the **CITY OF WENATCHEE**.

JEFFERS-DANIELSON-SONN-AYLWA

RD

PO BOX 1688

WENATCHEE, WA 98807-1688

FINANCE DEPARTMENT

**Expiration Date:****12/28/2017****DATE ISSUED**

12/29/2016

**LICENSE NUMBER**

975949

**SIC Code Description**

SER LEGAL SERVICES

**SALES TAX CODE****0405**

This license is to be displayed conspicuously at the location of business, and is not transferable or assignable.


[WSBA.ORG](#)  
Website

[CLE ONLINE](#)  
Store

[MY](#)  
Profile

[MCLE](#)  
Activities Search

[LEGAL](#)  
Directory

[Legal Directory](#) » [Legal Profile](#)

## Legal Directory

Search in:

[Legal Directory](#)
[Discipline Notices](#)

### Peter Anthony Spadoni

**License Number:** 11390  
**License Type:** Lawyer  
**Eligible To Practice:** Yes  
**License Status:** Active  
**WSBA Admit Date:** 12/29/1980  
**First Admit Date In USA:** 12/29/1980

#### Contact Information

[Back to top](#)

**Public/Mailing Address:** Jeffers Danielson Sonn & Aylward PS  
 2600 Chester Kimm Rd  
 Wenatchee, WA 98801-8116  
 United States  
**Email:** [PeterS@jdsalaw.com](mailto:PeterS@jdsalaw.com)  
**Phone:** (509) 662-3685  
**Fax:** (509) 662-2452  
**Website:**  
**TDD:**

#### Practice Information Identified by Legal Professional

[Back to top](#)

**Firm or Employer:** Jeffers Danielson Sonn & Aylward PS  
**Office Type and Size:** 21-35 Lawyers in Firm  
**Practice Areas:** Agricultural, Business/ Commercial, Estate Planning/ Probate/ Wills, General, Tax  
**Languages Other Than English:** None Specified

#### Professional Liability Insurance

[Back to top](#)

**Private Practice:** Yes  
**Has Insurance?** Yes - [Click for more info](#)  
**Last Updated:** 11/21/2016 11:50:53 AM

#### Committees

[Back to top](#)

**Member of these committees/boards/panels:**  
 None

#### Disciplinary History

No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

In some cases, discipline search results will not reveal all disciplinary action relating to a Washington licensed legal professional, and may not display links to the official decision documents.

[Disclaimer +](#)



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

[cps@dol.wa.gov](mailto:cps@dol.wa.gov)

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**

**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| Company/Agency name<br><b>Snyder Investigations LLC</b>   |   | Website  |                                      |
| Contact name. Primary applicant and contract manager<br><b>Michael Snyder</b>   | (Area code) Telephone number<br><b>503-954-2133</b> | Email (required)<br><b>msnyderinvestigations@gmail.com</b> |                                      |
| Contact name 2 (if applicable)  | (Area code) Telephone number                        | Email (required)   |                                      |
| Physical address of business (number and street)<br><b>3404 SE 51st Ave.</b>  |   |  |                                      |
| City<br><b>Portland</b>   |   | State<br><b>OR</b>   | ZIP code<br><b>97206</b>             |
| Mailing address of business (if different)  |   |  |                                      |
| City  |   | State  | ZIP code                             |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number (TIN)                | Employer Identification Number (EIN)<br><b>6d</b>          | WA Unified Business Identifier (UBI) |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Private investigative services, locating contact information for Washington residents for civil matters (interviewing, serve subpoenas, asset searches, etc.).</p>  |   |  |                                      |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. See above. Contact with the owner will occur by phone or mail and may be shared with a civil law attorney.</p> |   |  |                                      |



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

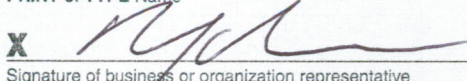
*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Michael Snyder

PRINT or TYPE Name

7/28/2017 Multnomah Co.

Date and place (county) signed

X 

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



## Vehicle/Vessel On-line Access Contract Application-CPS

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**Email** (quickest)

[cps@dol.wa.gov](mailto:cps@dol.wa.gov)

Print and scan or upgrade to

**Adobe Reader** XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

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**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

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If you currently have a CPS number, enter it here 13a

|   |   |   |  |
|---|---|---|--|
| Company/Agency name<br><div style="text-align: center;">Kitsap Security and Investigations</div>  |   | Website<br><div style="text-align: center;">kitsapsecurity.us</div> |  |
| Contact name. Primary applicant and contract manager<br><b>Brett E. Hamilton</b>  | (Area code) Telephone number<br><b>360-731-8966</b> | Email (required)<br><b>brett@kitsapsecurity.us</b>                  |  |
| Contact name 2 (if applicable)  | (Area code) Telephone number                        | Email (required)  |  |
| Physical address of business (number and street)<br><div style="text-align: center;">700 Prospect St. STE 202</div>   |   |   |  |
| City<br><div style="text-align: center;">Port Orchard</div>   |   | State<br><div style="text-align: center;">WA</div>                  | ZIP code<br><div style="text-align: center;">98366</div>                                   |
| Mailing address of business (if different)  |   |   |  |
| City  |   | State   | ZIP code   |
| Provide <b>one</b> of these identifiers   | Taxpayer Identification Number (TIN)                | Employer Identification Number (EIN)                                | WA Unified Business Identifier (UBI)<br><div style="text-align: center;">602 123 189</div> |
| Answer the following<br>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>A Large part of my business is Bail/Bond recovery. As a licensed Bail Bond Recovery Agent, it's imperative to conduct investigations into the whereabouts of criminal defendants. I also serve legal documents as a process server requiring access. I'm a Private Investigator as well.</i> |   |   |  |
| Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.<br><i>I will not furnish any results of my searches to anyone.</i>  |   |   |  |

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

|          |  |              |                              |                          |
|----------|--|--------------|------------------------------|--------------------------|
| <b>1</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>2</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>3</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
| <b>4</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
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| <b>5</b> | Legal business name  | Contact name | Email                        | (Area code) Phone number |
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|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |
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|          | Address, City, State, Zip code   |              | Subscriber's permissible use |                          |
|          | Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                              |                          |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

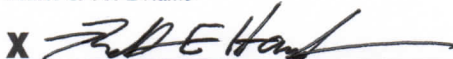
**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Brett E. Hamilton

PRINT or TYPE Name

X 

Signature of business or organization representative

07/12/17

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



# STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



PRIVATE SECURITY GUARD COMPANY

KITSAP SECURITY AND INVESTIGAT  
700 PROSPECT ST - STE 202  
PORT ORCHARD WA 98366

980

License Number

04/16/2014

Issued Date

04/16/2018

Expiration Date

*Pat Kohler*

Pat Kohler, Director

PL-630-160 (R/3/16)

# STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



ARMED PRIVATE SECURITY GUARD  
PRINCIPAL, CERTIFIED TRAINER

KITSAP SECURITY AND INVESTIGAT  
BRETT E HAMILTON  
700 PROSPECT ST - STE 202  
PORT ORCHARD WA 98366

Licensee Released -

Termination Date \_\_/\_\_/\_\_

91113

License Number

04/16/2014

Issued Date

04/16/2018

Expiration Date

*Pat Kohler*

Pat Kohler, Director

PL-630-159 (R/3/16)

## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

[ivips@dol.wa.gov](mailto:ivips@dol.wa.gov)

Print and scan or upgrade to

**Adobe Reader** XI or above)

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](https://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here                     

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| Company/Agency name<br>Umpqua Bank   |  | Website<br><a href="https://www.umpquabank.com">https://www.umpquabank.com</a>                         |                                      |
| Contact name. Primary applicant and contract manager<br>Amy Friemel          | (Area code) Telephone number<br>(509) 842-1876   | Email (required)<br><a href="mailto:AmyFriemel@UmpquaBank.com">AmyFriemel@UmpquaBank.com</a>           |                                      |
| Contact name 2 (if applicable)<br>Christine Travis                           | (Area code) Telephone number<br>(509) 842-1862   | Email (required)<br><a href="mailto:ChristineTravis@UmpquaBank.com">ChristineTravis@UmpquaBank.com</a> |                                      |
| Physical address of business (number and street)<br>707 W Main Ave 6th Floor |  |  |                                      |
| City<br>Spokane  |  | State<br>WA  | ZIP code<br>99201                    |
| Mailing address of business (if different)<br><u>PO Box 2131</u>             |  |  |                                      |
| City<br><u>Spokane</u>   |  | State<br><u>WA</u>   | ZIP code<br><u>99210</u>             |
| Provide <b>one</b> of these identifiers                                      | Taxpayer Identification Number (TIN)<br><div style="background-color: black; color: white; text-align: center;">6d</div> | Employer Identification Number (EIN)   | WA Unified Business Identifier (UBI) |

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Umpqua Bank provides deposit and loan accounts to consumer and business customers. We would utilize this program to check lienholder status to ensure Umpqua Bank is listed as lienholder for all titled vehicles in our WA portfolio. As Umpqua Bank has acquired/merged with several financial institutions, we have a portion of our portfolio that needs to have lienholder and registered owner(s) verified.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Contact with the borrower will only be made if Umpqua Bank is not listed as lienholder and additional documentation is needed for us to secure our interest in the collateral. Information provided from the WA DOL will not be disclosed as the customer contractually is required to have Umpqua Bank listed as lienholder until the loan has been paid in full.



**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

|   |                              |       |
|---|------------------------------|-------|
| <b>1</b> Legal business name  |                              |       |
| Address, City, State, ZIP code  |                              |       |
| Contact name  | (Area code) Telephone number | Email |
| Providing information<br>Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |       |
| Subscriber's permissible use  |                              |       |
| <b>2</b> Legal business name  |                              |       |
| Address, City, State, ZIP code  |                              |       |
| Contact name  | (Area code) Telephone number | Email |
| Providing information<br>Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |       |
| Subscriber's permissible use  |                              |       |
| <b>3</b> Legal business name  |                              |       |
| Address, City, State, ZIP code  |                              |       |
| Contact name  | (Area code) Telephone number | Email |
| Providing information<br>Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |       |
| Subscriber's permissible use  |                              |       |
| <b>4</b> Legal business name  |                              |       |
| Address, City, State, ZIP code  |                              |       |
| Contact name  | (Area code) Telephone number | Email |
| Providing information<br>Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |       |
| Subscriber's permissible use  |                              |       |

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

April 28<sup>th</sup>, 2017 Spokane, WA

Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

**UMPQUA BANK**

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**UMPQUA BANK**

|                              |   |
|------------------------------|---|
| UBI Number                   | 602192085                                     |
| Category                     | BNK   |
| Active/Inactive              | Active  |
| State Of Incorporation       | OR  |
| WA Filing Date               | 08/19/2009                                    |
| Expiration Date              | 08/31/2017                                    |
| Inactive Date                |   |
| Duration                     | Perpetual                                     |
| Registered Agent Information |   |
| Agent Name                   |   |
| Address                      |   |
| City                         |   |
| State                        |   |
| ZIP                          |   |
| Special Address Information  |   |
| Address                      | UMPQUA BANK - LEGAL DEPT<br>111 NORTH WALL ST |
| City                         | SPOKANE                                       |
| State                        | WA  |
| Zip                          | 992010000                                     |

Governing Persons (as defined in RCW 23.95.105 (12) (<http://app.leg.wa.gov/RCW/supdefault.aspx?cite=23.95.105>))

| Title    | Name                        | Address |
|----------|-----------------------------|---------|
| Governor | ADDITIONAL NAMES ON FILE, * |         |
| Governor | DAVIS, RAYMOND P            |         |
| Governor | BRANDENBURG, JOEL           |         |
| Governor | FARNSWORTH JR, RONALD L     |         |
| Governor | HAYWARD, LANI               |         |
| Governor | NEAL, GARY F                |         |

**UMPQUA BANK**

|                        |  |
|------------------------|--|
| UBI #                  | 602192085  |
| Status                 | ACTIVE   |
| Category               | Bank   |
| Type                   | Profit   |
| Duration               | Perpetual  |
| State of Incorporation | OR   |
| Expiration Date        | 08/31/2017   |
| Filing Date            | 08/19/2009   |
| Alternate Address      | UMPQUA BANK - LEGAL DEPT 111 NORTH WALL ST<br>SPOKANE, WA 99201-0000 |
| Registered Agent       |  |

**Governing Persons (as defined in RCW 23.95.105 (12))**

## ADDITIONAL NAMES ON FILE, \*

Governor

DAVIS, RAYMOND P P

Governor

BRANDENBURG, JOEL

Governor

FARNSWORTH JR, RONALD L L

Governor

HAYWARD, LANI

Governor

NEAL, GARY F F

Governor

**Governing Persons Address Information**

Governing person addresses are not available for the following entity types: WA Association under Fish Marketing Act, Miscellaneous and Mutual, Public Benefit Corporation, Non-profit Corporation, Non-Profit Professional Service Corporation, Bank Corporation, Limited Liability Company, Professional Limited Liability Company, Unregistered Corporation, Limited Liability Partnership, Corporation Sole, Credit Union, Fraternal Building Association, Fraternal Society, Grange, Military Corporation, Savings and Loan Association, Joint Municipal Utility Service, Limited Partnership, Insurance Company, Limited Liability Limited Partnership.

# Redaction Log

| Reason | Page (# of occurrences) | Description  |
|--------|-------------------------|--|
| 13a    | 9 (1)                   | RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities. |
|        | 13 (1)                  |  |
|        | 16 (1)                  |  |
|        | 21 (1)                  |  |
|        | 29 (1)                  |  |
|        | 33 (1)                  |  |
|        | 50 (1)                  |  |
|        | 67 (1)                  |  |
|        | 69 (1)                  |  |
|        | 74 (1)                  |  |
|        | 75 (1)                  |  |
|        | 84 (1)                  |  |
|        | 89 (1)                  |  |
|        | 92 (1)                  |  |
|        | 96 (1)                  |  |
|        | 102 (1)                 |  |
| 6d     | 1 (1)                   | RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.   |
|        | 9 (1)                   |  |
|        | 16 (1)                  |  |
|        | 21 (1)                  |  |
|        | 27 (1)                  |  |
|        | 33 (2)                  |  |
|        | 36 (1)                  |  |
|        | 42 (1)                  |  |
|        | 44 (1)                  |  |
|        | 47 (1)                  |  |
|        | 50 (1)                  |  |
|        | 67 (1)                  |  |
|        | 69 (1)                  |  |
|        | 75 (1)                  |  |
|        | 84 (1)                  |  |
|        | 89 (1)                  |  |
|        | 92 (1)                  |  |
|        | 96 (1)                  |  |
|        | 100 (2)                 |  |
|        | 106 (1)                 |  |

# Redaction Log

| Reason | Page (# of occurrences)   | Description  |
|--------|---------------------------|--|
| 6a     | 19 (1)                    | RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation. |
| 6d     | 4 (1)<br>39 (2)<br>40 (1) | RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.   |